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LUNACY AND MENTAL DEFICIENCY.

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THE

THIRTEENTH ANNUAL REPORT

OF

THE BOARD OF CONTROL

FOR THE YEAR 1926.

PART I

(Presented pursuant to Act of Parliament.)

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THE

THIRTEENTH ANNUAL REPORT

OF

THE BOARD OF CONTROL.

1927.

(FOR THE YEAR 1926.)

INTRODUCTORY.

The Royal Commission on Lunacy and Mental Disorder, which was appointed by Royal Warrant dated 25th July, 1924, published their Report in July, 1926.

Although there may be differences of opinion in regard to a few of their recommendations, the Report has been welcomed on all hands as a document of great value. The Commission rightly insist on the importance of regarding insanity as a disease like other diseases, though with distinctive symptoms of its own, and their Report throughout breathes a spirit of progress and humanity.

The immediate cause which led to the appointment of a Royal Commission was the uneasiness aroused in the public mind by a number of charges, which were somewhat recklessly made, to the effect that large numbers of sane persons were being detained as insane, that the whole system of lunacy administration was wrong, and that widespread cruelty existed in our public mental hospitals.

It is satisfactory to note that in regard to these charges the Commission speak with no uncertain voice. They state :

> " We have come to the conclusion that the evidence does not support the suggestion that the present safeguards against wrongful certification, if properly observed, are inadequate."
>
> " That in practice instances of sane persons being wrongfully certified or improperly detained must be of the rarest occurrence."
>
> " We think it proper to record that in none of the cases which were investigated by us were we satisfied on the evidence that improper detention had been suffered."
>
> " Ill-usage is not deliberately or systematically practised in mental institutions."

> " We wish to take this opportunity of paying a tribute to the skill, devotion and self-sacrifice of the nursing staffs who, in circumstances peculiarly exacting, are rendering great service to suffering humanity."

Those who have to deal with the care of the insane were fully aware that there were no grounds for the charges, but it was desirable that the public mind should be set at rest by an impartial and full enquiry.

A large number of recommendations in regard to administration are made by the Commission, and their Report deserves the most careful consideration by all those who have to deal with the subject.

The Commission generally endorse the principles of the Mental Treatment Bill which was first brought before Parliament (House of Lords) in May, 1923. That Bill was based on the widespread demand that had been made by the Board of Control, the Royal Medico-Psychological Association and others, for some years, that much extended facilities were needed for treating early cases of insanity without certification.

It was recognized, long before the appointment of the Commission, that numbers of persons suffering from mental illness in its early stages were deterred from obtaining the treatment which they needed by reason of the fact that the law only allowed them to get that treatment if they were certified as insane and ordered to be sent for treatment by a magistrate.

It may be well to recall the fact that at the National Conference which was called by the Chairman of the Board of Control in January, 1922, " to consider in what ways lunacy administration might be improved," it was unanimously agreed (1) that early treatment without certification should be legalized, and (2) that by early treatment many cases would be saved from permanent mental breakdown.

A large portion of the Report of the Commission is devoted to consideration of the subject of early treatment, and the Commission state (para. 92) that " the problem arising is to bring the means of treatment and recovery within the reach of as many patients as possible without resort to certification," and that (para. 45) " certification should be the last resort in treatment, not the pre-requisite of treatment."

Our Board, in giving evidence before the Commission, suggested that for the purpose of settling the procedure to be adopted for the reception of persons suffering from mental illness, patients should be divided into three classes, namely,

Voluntary,
Non-volitional, and
Unwilling.

As regards the *Voluntary* case, we suggested that treatment without certification should be given in any menta-

hospital, registered hospital, licensed house, general hospital, nursing home, or in private care, subject to certain conditions, the chief of which were (a) that notification of the admission of the patient together with a copy of the medical recommendation should be sent to our Board; (b) that periodical medical reports should be furnished to our Board; (c) that we should have the right to inspect the institution or place where the patient was receiving treatment; and (d) that the patient should have the right to leave the institution or place at any time on giving 72 hours notice to do so.

Two public mental hospitals, as well as all the registered hospitals and licensed houses, have powers at present to receive voluntary patients without certification.

As regards the *Non-volitional* case, we suggested that, subject to certain conditions, patients of this type should also be received, without certification, on the "recommendation" of two medical practitioners, into any mental hospital or registered hospital, or, if the institution or place had been previously approved for the purpose by our Board, into any licensed house, general hospital, nursing home or private care. The chief conditions which we proposed were that (a) admission of the case should be immediately notified to our Board and copies of the two medical recommendations furnished to them; (b) a medical report on the case should be sent to our Board within seven days of admission; (c) the institution or place should be open to our inspection; and (d) if the patient recovered volition he should be allowed to leave on giving 72 hours notice. We further suggested that these non-volitional cases should be received on that footing for a period of six months, but that there should be power to extend the period for a further six months if two independent medical practitioners recommended that, in the interest of the patient, such further period of treatment was desirable.

As regards the *Unwilling* case, that is to say, the case with volition who objects to being detained for treatment, our view was that the authority of a justice should be obtained authorizing detention subject to the proviso that for 28 days he might receive observation and treatment without certification.

The recommendations of the Commission follow those suggested above in regard to the Voluntary case; but, as to the Non-volitional case, they recommend that treatment should only be given on the authority of a provisional order made by a magistrate, and that the order should be for one month only in the first instance. At the end of the month the magistrate, after again seeing the patient, should have power to extend the provisional order for a further period of five months.

The Commission themselves, notwithstanding their recommendation, clearly had strong sympathy with our view. They state (para. 107) "Some witnesses, whose views are entitled to the most careful consideration, have urged that in dealing

with an incipient or non-volitional case which is likely to recover quickly without recourse to certification, the warrant for detention should be made without the intervention of a magistrate. If we were free to consider exclusively the medical treatment of the patient, we should have little hesitation in accepting this suggestion."

Licensed Houses.

It will be seen that the Commission were evenly divided on the question whether licensed houses—the legal term for private mental hospitals—should be allowed to continue.

In our view the private mental hospital meets a real need, and we think these institutions should continue, and indeed that, subject to their being properly conducted, they should have some security of tenure. We approve generally the recommendations which the Commission have made on the assumption that they will be continued.

The Medical Practitioner.

We strongly endorse the view of the Commission that the law should be altered so as to give more effective protection to medical men and others in the *bona fide* discharge of their duties under the Lunacy Acts.

The Medical Superintendent.

We are glad to note that the Commission recommend that Local Authorities should be required to advertise for candidates, and to consult our Board before making an appointment to the post of Medical Superintendent of a public mental hospital. A similar recommendation is made in regard to licensed houses and registered hospitals.

The Commission emphasize the importance of arranging the administration of mental hospitals so that the Medical Superintendent, while retaining a decisive voice in all matters affecting the care and treatment of patients, is so far relieved of administrative details that he can devote the greater part of his time to medical questions which are more immediately his concern.

We entirely agree with these views: in our opinion it is essential that the Medical Superintendent should be the paramount officer of the mental hospital.

Our Board endorse the statement of the Commission that the present medical staffs of some institutions ought to be enlarged, and they welcome the recommendation of the Commission that systematic facilities should be given for assistant medical officers to proceed on leave for the purpose of post-graduate study, and that the staff should be sufficiently large to permit of this.

Our Board also support the observation that, in order to attract and retain in the service suitable assistant medical officers, their financial prospects should be improved.

Dissociation from the Poor-Law.

We are in entire agreement with the Commission in advising that the treatment of insanity in all its stages should be divorced from the Poor-Law.

The present arrangements under which so many patients are first dealt with in Poor-Law institutions—sometimes for long periods—before reaching the mental hospital are open to grave objection. Moreover, it seems to us indefensible to pauperize individuals merely because they become mentally ill and are treated at the public expense.

Accommodation.

The question of accommodation has continued to give us considerable anxiety and, although there is no evidence to show that the incidence of insanity is increasing, further accommodation is necessary in consequence of the normal growth of the population: quite apart too from the actual growth of numbers, additional buildings, especially admission hospitals and laboratories, are necessary for the more effectual treatment and classification of the patients. We are glad to report that Visiting Committees are realizing the importance of securing that their institutions are properly equipped in every way.

Mental Deficiency.

A Bill was introduced into Parliament in the session of 1926 amending the Mental Deficiency Act of 1913 in regard to some of the more important points which experience had shown needed amendment. In particular we may refer to the proposals in the Bill to alter the definitions. We are glad to observe that a Bill on similar lines has again been introduced.

The present definitions, which require that only those defectives can be dealt with in regard to whom it can be proved that the defect has existed "from birth or from an early age", have prevented many cases from receiving the care and protection of the Act although urgently in need of them.

I. MENTAL DISORDERS.

(Under the Lunacy Acts).

On the 1st January, 1927, the number of notified insane persons under care in England and Wales was 136,626, an increase of 2,743 during the preceding year, while the average annual increase for the five years ending 1st January, 1927, was 2,582. The relative percentage distribution of the sexes—males 43.9, females 56.1—was the same as in each of the three preceding years, and may be compared with the proportions which obtained immediately prior to the war, viz. , males 46.2, females 53.8.

As has been pointed out before, the increased number of notified insane has no necessary connection with the incidence of mental disorders in the general population ; it is merely the net balance as between the admissions and the combined deaths and discharges.

Status and Distribution.

Private patients on the 1st January, 1927, numbered 14,841 (males 8,759, females 6,082), a decrease during the year of 113. There was a decrease of 13 in the " Service " and " Ex-Service " patients.

Patients in the Naval and Military Hospitals (Yarmouth 135, Netley 34), are included among the private patients. There are also the 66 persons found insane by inquisition who were resident in institutions. There were in addition 137 persons (males 76, females 61) so found by inquisition who, not being resident in institutions, are not notified to us and so do not fall within the scope of our statistics. The total number of cases found insane by inquisition continues to show a steady decrease year by year, due to the lessened use made of this mode of procedure.

The percentage sex distribution of the private patients was 59.0 males, 41.0 females ; but, if the " Service " and " Ex-service " patients are excluded, as is advisable if it is desired to draw conclusions from such figures, the proportions become 34.7 males, 65·3 females. These four percentages are practically identical with those of 1925.

Summary of Insane Patients, 1st January, 1927.

Where Maintained on 1st January, 1927.	Private.			Rate-aided.			Criminal.			Total.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
In County and Borough Mental Hospitals	6,716	2,872	9,588	42,299	58,732	101,031	66	16	82	49,081	61,620	110,701
In Registered Hospitals	810	1,264	2,074	—	—	—	—	—	—	810	1,264	2,074
In Licensed Houses :—												
Metropolitan	368	717	1,085	—	—	—	—	—	—	368	717	1,085
Provincial	586	966	1,552	—	—	—	—	—	—	586	966	1,552
In Naval and Military Hospitals ...	169	—	169	—	—	—	—	—	—	169	—	169
In Criminal Lunatic Asylum	—	—	—	2	—	2	593	199	792	595	199	794
In Poor Law Institutions :—												
Ordinary Poor Law Institutions ...	—	—	—	4,677	6,650	11,327	—	—	—	4,677	6,650	11,327
Metropolitan District Asylums ...	—	—	—	2,191	2,723	4,914	—	—	—	2,191	2,723	4,914
In Private Single Care	110	263	373	—	—	—	—	—	—	110	263	373
In Outdoor Relief	—	—	—	1,340	2,297	3,637	—	—	—	1,340	2,297	3,637
Total	8,759	6,082	14,841	50,509	70,402	120,911	659	215	874	59,927	76,699	136,626

Increase during 1926 ...	Males.	Females.	Total.
Private	61†	52†	113†
Rate-aided ...	1,256	1,590	2,846
Criminal	6	4	10
Total ...	**1,201**	**1,542**	**2,743**

Average Annual *Increase* in the five years 1922-1927.	Males.	Females.	Total.
Private	77	19	96
Rate-aided ...	1,119	1,374	2,493
Criminal	6*	1*	7*
Total ...	**1,190**	**1,392**	**2,582**

† *Decrease* during 1926.

* Average Annual *Decrease*.

Rate-aided patients on the 1st January, 1927, numbered 120,911 (males 50,509, females 70,402) or 88.5 per cent. of all the notified insane. They increased by 2,846 during 1926, as compared with an average annual increase of 2,545 during the preceding five years.

The percentage sex distribution was males 41.8, females 58.2; or, if the "Service" and "Ex-Service" patients are included, males 44.3, females 55.7, a proportion unchanged from the previous year.

Criminal patients on the same date numbered 874 (males 659, females 215), an increase of 10 during the year.

Transfers from Class to Class.—During 1926, 982 rate-aided patients (653 males and 329 females) were transferred to the private class, 174 private patients (64 males and 110 females) were transferred to the rate-aided class, and 58 criminal patients were retained and classified as rate-aided patients on the expiry of their sentences or on their discharge as criminals.

Distribution of Notified Insane Patients.—The principal changes during the year 1926 were—an increase of 2,865 patients (males 1,310, females 1,555) in County and Borough mental hospitals as compared with an increase of 2,437 in 1925; increases of 8 in Registered Hospitals, 9 in Provincial Licensed Houses, 13 in Broadmoor Criminal Asylum, and 121 in the number in receipt of Outdoor Relief. On the other hand, there were decreases in the numbers in all other classes of institution and care, ranging from 5 in Naval and Military Hospitals to 165 in the Metropolitan District Asylums.

Table showing Distribution expressed as a proportion per cent of total number of notified Insane under care.

——	1889	1899	1909	1919	1927
1. In County and Borough Mental Hospitals.	62·5	69·5	75·7	76·4	81·0
2. In Registered Hospitals - -	2·7	2·4	2·0	2·1	1·5
3. In Licensed Houses - -	4·8	4·1	2·3	2·9	1·9
4. In Naval and Military Hospitals -	0·4	0·3	0·1	0·2	0·1
5. In State Criminal Asylums - -	0·7	0·6	0·7	0·7	0·6
6. In Metropolitan District Asylums	6·7	5·8	5·5	4·7	3·6
7. In other Poor Law Institutions -	14·5	11·1	9·0	9·1	8·3
8. In Single-Care - - - -	0·5	0·4	0·4	0·4	0·3
9. In Outdoor Relief- - - -	7·2	5·8	4·3	3·5	2·7

Movement of Patients.

Admissions, Discharges, Transfers to other Care, and Deaths in 1926.—Owing to the absence of detailed information of the movement of the insane persons in Poor Law Institutions and of

those in receipt of Outdoor Relief, statistical information under this head is necessarily limited to patients in the institutions comprized under the first five of the forms of care tabulated above and to patients in single-care.

The subjoined statement refers only to certified patients and omits reference to voluntary boarders, of whom at the close of the year there were 796* :—

Resident on 1st January	113,921
Direct admissions	21,924
Indirect admissions	3,272
	139,117

Discharged :—

Recovered	6,983
Relieved	2,917
Not improved	560
†By operation of law	232
Not now insane	30
Transferred (under order) to other care	3,236
Died	8,411
Remained at end of year	116,748
	139,117

The *daily average number resident* increased from 112,490 (males 49,785, females 62,705) in 1925 to 115,166 (males 51,079, females 64,087) in 1926—the proportion in County and Borough mental hospitals being 94.6 in the former, and 94.7 in the latter year.

Direct admissions were 21,924 (males 9,867, females 12,057), of which 93.3 per cent. were admitted into County and Borough mental hospitals. This number was 140, or 0.6 per cent., more than in 1925, but it was nevertheless 135 fewer than the yearly average for the decennium 1917-26. The ratio of admissions to the total population of England and Wales was 5.61 per 10,000, slightly higher than in the two preceding years, but well below that of any other year since the War.

First admissions during 1926 numbered 17,517 (males 8,153, females 9,364), or 79.9 per cent, of all the direct admissions—about 1.0 per cent. below the average of the preceding five years.

* Including 153 at the Maudsley Hospital, where all the patients are upon a voluntary footing, and 29 at the City of London Mental Hospital, where, under the City of London (Various Powers) Act, 1924 (s. 8), patients can now be received on this footing.

† Either by reason of irregular admission documents, lapsing of reception orders (s. 38, Lunacy Act, 1890), or discharges under s. 85.

Discharges—that is, persons discharged from reception orders as recovered, relieved, or not improved—numbered 10,460 (males 4,279, females 6,181). Of these, 6,983 were discharged as *recovered*, yielding a *recovery rate*, calculated upon the direct admissions, of 31.85 per cent. (28.96 for males, 34.22 for females), that for males being 1.13 above and that for females 0.81 below the corresponding rates for the decade 1917-26. The discharges as *relieved* and as *not improved* numbered respectively 2,917 and 560 ; and, if these and the 30 discharged as *not now insane* and the 125 cases discharged *after escape* (s. 85) are added to the recoveries, it shows that the absolute discharges from reception orders during the year were 48.4 per cent. of the direct admissions—slightly below the average of the preceding five years.

Deaths numbered 8,411 (males 4,131 ; females 4,280). This number was 140 fewer than in the preceding year ; and the *death rate* (7.30 per cent. of the daily average number resident) was the lowest we have ever recorded, being 0.30 below the rate for 1925. The rate for males was 8.09 per cent., and for females 6.68.

Transfers to other Care, etc.—During the year 3,272 patients were either transferred (under order) from one institution for the insane to another, or to or from single care, or were (in a few instances) indirect admissions following discharge by operation of law. These cases are technically termed indirect admissions, and call for no further comment as no inferences can usefully be drawn from them.

Numbers remaining under Care.—The number (116,748) in the foregoing table is the residue after adding the admissions to the number at the beginning of the year and deducting the deaths and discharges. It represents an increase of 2,827 patients as compared with one of 2,315 for the preceding year. The larger increase for 1926 was the combined effect of an increase (140) in the direct admissions, a decrease (222) in the discharges, and a decrease (140) in the deaths.

County and Borough Mental Hospitals.

1. *Accommodation.*

The question of accommodation in County and Borough Mental Hospitals has become one of serious moment.

On the 1st January, 1927, the vacant accommodation in these 97 hospitals was 2,319 (males 2,171, females 148) as compared with 3,557 (males 2,940, females 617) a year previously. The number of patients increased during 1926 by 2,865 (males 1,310, females 1,555). The average annual net increase in the number of patients in County and Borough Mental Hospitals during the last five years has been 2,668. By re-arrangements of existing accommodation, and small additions and enlargements at certain

hospitals, some additional accommodation has been provided during the year 1926, but the provision of new beds has not kept pace with the increase in the number of patients.

While our Report does not relate to the current year, it is legitimate for the purposes of this section to mention four directions in which some relief—by no means commensurate, however, with the urgent requirements of the moment—will be afforded during the year 1927 :—

(1) The re-opening on the 1st February of the London County Ewell Colony at Epsom for the reception of 429 insane patients (100 males and 329 females), after some nine years' use first as a War Hospital and more recently as a Ministry of Pensions Hospital ;

(2) the provision from the 25th April of 269 beds for females at an annex to the Springfield Mental Hospital at Malden, secured by the purchase from the Kingston Guardians of their disused Poor Law Institution ;

(3) the approval of accommodation at the Steyning Poor Law Institution under Section 26 of the Lunacy Act, for 23 male patients from the East Sussex Mental Hospital ;

(4) the opening of the new Nurses' Home and Training School at Kent (Barming Heath, Maidstone) Mental Hospital, which will set free 160 beds for female patients in the main building.

The additional beds thus provided will not be equal to the growth of the number of patients, and it is important that Local Authorities, upon whom rests the responsibility of providing sufficient and adequate accommodation, should realize the position. The County and Borough Mental Hospitals must be regarded as full ; and, unless energetic measures are promptly taken to meet the situation, serious overcrowding of these hospitals is inevitable. Overcrowding would cause a sharp rise in the death-rate, as we know by experience. Moreover, it would entail discomfort and hardships to the patients, and undo many of the hygienic improvements that have been patiently and sedulously effected during the past eight or nine years.

By way of suggestions as to the lines Committees may profitably pursue, we would refer, without repeating its details, to what was said on pp. 8 to 10 of our last Annual Report. We are disappointed at the meagre results of our suggestion that fuller use might be made of ss. 25, 26 and 57 of the 1890 Lunacy Act : for instance, while during 1925 there were 313 patients (itself a surprisingly small number) removed under s. 25 from mental hospitals to Poor Law institutions, the corresponding number during 1926 was only 238 ; in only one instance (East Sussex Mental Hospital) was action taken under s. 26 ; and the use that is being made of s. 57 is still almost negligible. We are aware of the difficulties, but we believe that more determined efforts could overcome some of them. But, assuming an extended use of these sections of the Lunacy Act for a considerable number of

patients, the relief thus obtained would not even temporarily meet the situation in those hospitals where there is a deficiency in such special types of accommodation as that required for newly admitted patients, for sick wards, and for wards suitably planned for patients exhibiting excitement over long periods. Where such deficiencies exist, nothing short of the erection of additional buildings will meet the needs.

Those Committees who have not already formulated a scheme —and there are not many that have done so—should carefully consider how their present and prospective needs can best be met. In many instances it would be desirable that the question should be considered in relation to a group* of mental hospitals in an area within which their own Hospital is situated. In formulating schemes an endeavour should be made to forecast the requirements over a period of fifteen or twenty years. This suggestion is made not with any idea that Committees should at once embark on extensive building schemes, but in order to secure that the scheme should be gradually developed on well-considered lines. Modern experience shows that the development should take the form of detached buildings. In the case of expensive buildings, such as Admission Hospitals, it is possible to prepare a plan showing liberal provision of medical facilities—and it is these which materially raise the cost—and to arrange for the omission of some of the facilities and the corresponding rooms until money can be found for their completion. If their provision is not included in the original design, their subsequent addition may be both difficult and expensive.

If Committees will approach this subject with determination and with a willingness to enter into agreements with Committees of other mental hospitals, we still think that much advantage could be reaped by discussion at Regional Conferences. To be successful, however, preliminary enquiry and consideration by each Committee concerned is essential.

2. *Admissions, Discharges and Deaths.*

On the 1st January, 1927, the County and Borough Mental Hospitals contained 110,701 patients, classified as follows :—

———	Males.	Females.	Total.
Private	6,716	2,872	9,588
Rate-aided	42,299	58,732	101,031
Criminal	66	16	82
Total	49,081	61,620	110,701

*A provisional grouping will be found on p. 9 of our last Annual Report. It was tentatively arranged with the view that, apart from questions of accommodation, the medical work of mental hospitals should find a link with the Medical Schools of Universities.

During the year there was a net increase of 2,865 in the number of patients resident.

Direct Admissions.—During 1926 there were 20,466 " direct " admissions, as shown below :—

——	Males.	Females.	Total.
Total admissions in 1926	10,614	12,731	23,345
Deduct transfers from other Institutions, and re-admissions on fresh reception orders to replace lapsed orders	1,384	1,495	2,879
Number of direct admissions ...	9,230	11,236	20,466

The direct admissions in 1926 were 361 more in number than the average of the preceding ten years, the males being 13 below the average, and the females 374 in excess ; as compared with 1925, the male admissions increased by 130 and the female by 9. These fluctuations in numbers again emphasize the necessity of taking the average of several years when endeavouring to estimate accommodation likely to be required.

First-attack Cases.—Owing to absence of full and reliable history, these cannot be given in actual numbers, and it is safer to be content with stating that, of the direct admissions in 1926, 20·1 per cent. (males 17·6 ; females 22·1) had been previously discharged from reception orders. These percentages closely approximate to those for 1925 and are about one per cent. above the average of the preceding five years.

Discharges and Transfers.—During 1926 these numbered 12,503, of whom were :—

——	Males.	Females.	Total.
Discharged—			
Recovered	2,633	3,830	6,463
Relieved	997	1,575	2,572
Not improved	209	239	448
By operation of law (lapsed Orders, &c.	161	56	217
Transferred to other institutions for the insane or to single-care ...	1,358	1,445	2,803
Total	5,358	7,145	12,503

These figures show that the percentage of discharges (recovered, relieved and not improved) to admissions was 46·3, about one per cent. below the average of the last five years, while the percentage of recoveries alone was 31·6 (males 28·5 ;

females 34·1) as compared with an average of 31·2 for the preceding ten years. There was, as usual, a marked difference in the percentage of recoveries in the County and the Borough mental hospitals, these being 30·3 and 38·5 respectively.

Deaths.—During the year 7,977 patients (3,946 males, and 4,031 females) died.

The proportion per cent. of deaths to the daily average number of patients resident was 7·3 (8·2 males and 6·6 females). This was 0·2 below that of the previous year, which was the lowest rate previously recorded. The fall has been continuous since 1922.

The number of *post-mortem examinations* was 5,432, being 68·1 per cent. of the total number of deaths. The percentage of post-mortem examinations made varied from 100 (Cumberland), and over 90 at the Barming Heath, Banstead, Cane Hill, Bexley, West Park, Napsbury, Burntwood, Cheddleton, Wakefield and Wadsley Mental Hospitals, to only 7 at Middlesbrough, 9 at Croydon, 16 at Ipswich, and 19 at Berks.

Particulars of the suicides and fatal casualties in these institutions will be found on p. 31.

Service Patients.—On the 1st January, 1927, these numbered 4,898, being an increase of 6 during the year. There were also on the same date 478 " ex-service " patients (20 less than in the previous year), the cost of whose maintenance is defrayed by our Board from a special Exchequer Grant (see Eleventh Report, p. 31).

3. *Changes among Medical Superintendents.*

County of London (Banstead).

Dr. Percy Charles Spark, after just over 28 years spent in the service of the London County Council's mental hospitals, of which three were as Superintendent at Ewell Colony and over fifteen were in the like position at Banstead, retired at the end of January, 1926. His solicitude to meet the individual needs and difficulties of his patients won for him their affectionate regard as well as that of his staff. To succeed him, the Council promoted Dr. A. A. W. Petrie (M.D. Edin. and Lond., F.R.C.S.Ed., M.R.C.P., D.P.M.), who at that time was Deputy Superintendent at the Maudsley Hospital and who, besides previous general hospital experience, had held posts on the medical staffs of several of the Council's mental hospitals.

Somerset and Bath (Wells).

Dr. John Edgar Percival Shera, who had spent 21 years in the service of this Hospital, of which six were as its Superintendent, to our regret died in March, 1926. Acting under a strict sense of duty, which had always characterized his work, he had for a considerable time carried out his duties under the stress of much physical pain. He was keenly interested both in the administration of his Hospital and in the individual welfare of his patients ;

it is recorded of him that he gave up general practice for a salaried post " as he had not the heart to charge poor people." He served abroad for three years during the War. To succeed him, after advertizing the vacancy, the Committee of Visitors promoted Dr. John McGarvey (M.B.Belf., D.P.M.) who, after previous general hospital experience, had been a member of the Hospital's medical staff for six years.

Dorset.

Dr. George Ernest Peachell, who for ten years had occupied the post of Superintendent here, having previously held a similar position at the Isle of Wight Mental Hospital, and who had in all some 22 years public mental hospital service, relinquished his post owing to prolonged ill-health which was brought about during the discharge of his duties shortly after his arrival at Dorset. The notably conscientious way in which he carried out his duties was much appreciated, especially during the difficult War period, as were also his efforts to develop the medical work of the hospital on modern lines. In recognition thereof, and of the manner in which his illness was caused, the Committee decided to add ten years to his service for the purpose of computing his pension—a proposal which we gladly supported. In his stead, the Committee promoted the Deputy Superintendent, Dr. P. W. P. Bedford (M.D. Edin., D.P.M.) who, subsequently to holding posts at general hospitals, had served at the Royal Edinburgh (Morningside) and Wakefield Mental Hospitals.

Durham.

Dr. Harry Gifford Cribb, who for 29 years had been engaged in the treatment of mental disorders and had been for a little over 13 years Superintendent of this Hospital, retired in April, 1926, owing, we regret, to failing health. He had always devoted his best energies to the welfare of the institution and his patients. The Deputy Superintendent, Dr. G. F. May (M.D. McGill, L.S.A.) who, with previous experience at Salop Mental Hospital, had been for 23 years a member of the medical staff here, was promoted to fill the vacancy thus caused.

Portsmouth City.

Dr. Henry Devine, O.B.E., F.R.C.P., who, during the 12 years he had been Superintendent here, had inaugurated many additional medical facilities and improvements and had rendered great assistance during the War while the institution served as a U.S.A. Base Hospital, relinquished his post last July upon his appointment as Superintendent at Holloway Sanatorium. After advertizing the vacancy thus caused, the Committee of Visitors appointed Dr. Thomas Beaton, O.B.E. (M.D. Lond., M.R.C.P.), at that time Senior Assistant Physician at Royal Bethlem Hospital,

who, after holding posts at the general hospital of a medical school, had had previous experience at Long-Grove and the Maudsley Hospital.

West Ham.

Dr. John Custance Shaw, who had been Superintendent here for rather more than nine years, and had had in all some 30 years mental hospital service, to our regret died in May, 1926. He had at all times taken a kindly and much appreciated interest in the comfort and well-being of his patients, and the attention he gave to these matters was a feature in his administration. To fill the vacancy caused by his death, the Committee of Visitors promoted the Deputy Superintendent, Dr. J. H. Cuthbert (M.B. Edin., D.P.M.), who had for 13 years been a member of the Hospital's medical staff.

West Sussex (Graylingwell).

Dr. Harold Andrew Kidd, C.B.E., who for 30 years had occupied with marked ability the position of Superintendent, retired at the close of last year. In all, he had spent 37 years in public mental service. Appointed to Graylingwell in October, 1896, when the Hospital was first about to be equipped, the task of its opening, organization and subsequent development devolved upon him. He was a member of the Departmental Committee appointed to enquire into the Clinical and other Records kept in institutions for the insane. In all these duties, as well as when acting as Officer-Commanding during the time the institution was a War-hospital, he was highly successful. To succeed him, and after advertising the post, the Committee of Visitors appointed Dr. C. G. Ainsworth (M.B., M.A., LL.B. Camb., M.R.C.S., L.R.C.P.), who, besides previous general hospital experience, had held a temporary Commission in the Royal Navy during the War, and was at the time of his appointment Deputy Superintendent at Rainhill Mental Hospital.

Birmingham City (Winson Green).

Dr. Cecil Beaumont Roscrow retired in June, 1926, after 23 years' service here, of which 15 were spent as Superintendent. In a peculiarly single-minded manner, he was always highly solicitous for the contentment and happiness of his patients—a fact which was appreciated by them and well recognized by their friends. He was also a Lecturer and Examiner in the University of Birmingham.

In relation to the vacancy thus created, and after consulting our Board, the Committee of Visitors decided to place their three institutions—Winson Green, Rubery Hill and the Hollymoor Annex—under one Director or Chief Medical Officer who would be responsible to them for all matters of general administration and treatment of the patients in each division, and to appoint also a

Medical Superintendent at each division who would be responsible to the Director for the detailed administration of his own division. To give effect to these proposals, the existing Hospital rules relating to Superintendents were revised and other rules to be observed by the Director were framed. These new rules have since received the approval of the Minister of Health ; and, pursuant to them, Dr. T. C. Graves, F.R.C.S., was appointed as Director (while retaining for the present his position as Superintendent at Rubery Hill and Hollymoor), and Dr. C. W. Forsyth (M.D. Lond., M.R.C.S., L.R.C.P.), who was at that time Deputy Superintendent at Rubery Hill and Hollymoor, was appointed Superintendent of the Winson Green Division. We are glad to know that, like his predecessor, he has undertaken duties in connection with the teaching of mental disorders in the University.

County Palatine of Lancashire (*Lancaster*).

Dr. David McKay Cassidy, C.B.E., Hon. LL.D., F.R.C.S. Ed., the doyen among Superintendents of the County and Borough mental hospitals, was appointed to that position at Lancaster in July, 1876. Upon his retirement at the close of last year, he had thus completed rather more than half-a-century's service as Superintendent—a record which is unique, so far as we are aware, as regards its duration, and remarkable for the degree of mental and bodily vigour which he retained to the end of his period of office. Such a record of service—which, moreover, does not include his eight years' previous experience as an Assistant Medical Officer—is the more noteworthy when it is remembered how onerous is the responsibility and how exacting is the stress of work involved in administering so large an institution as is Lancaster Mental Hospital. Besides a constant interest in his patients, Dr. Cassidy's administration has been characterized by a breadth of vision, a capacity to anticipate medical requirements, and an active encouragement to medical and other staff working under him : the facilities for treatment on modern lines which exist at this Hospital are a testimony to the lively interest he maintained in these important matters. In recognition of his work, he was created a C.B.E. in 1925 and during the same year he was the recipient of an Honorary degree from his *alma mater*, McGill University.

After advertizing the vacancy thus occasioned, the Lancashire Asylums Board promoted the Deputy Superintendent, Dr. R. P. Sephton (B.A. Camb., M.R.C.S., L.R.C.P.), who had previously held a like position at Winwick and who was formerly a member of the medical staff at The Lawn (Lincoln).

4. *Finance.*

The total expenditure on the upkeep of the County and Borough Mental Hospitals in England and Wales, and on the

maintenance, supervision and treatment of the patients in them during the financial year ended March 31st, 1926, amounted to £7,585,393, made up as follows :—

	£
Maintenance - - - -	6,726,983
Building and repairs - - -	832,025
Land purchased - - - -	19,366
Land rented - - - -	7,019
	£7,585,393

The above figures do not include any expenditure on new institutions as yet unoccupied.

Compared with the preceding financial year, there was an increase of £216,344 in the amount expended on maintenance, of £67,203 in the cost of building and repairs, and of £176 in the amount paid for land rented, while there was a decrease of £20,243 in the outlay on land, making a total net increase of £263,480 in expenditure.

Average Weekly Cost.—The average weekly cost of maintenance, excluding the cost of repairs, additions and alterations, was as follows :—

	s.	*d.*
In County Mental Hospitals - -	22	$5\frac{3}{8}$
In Borough Mental Hospitals -	25	$5\frac{1}{8}$
In both taken together - - -	23	$2\frac{1}{4}$

The items making up the average weekly cost for the last two financial years are contrasted in the following Table :—

Details of the Average Weekly Cost.	County Mental Hospitals.		Borough Mental Hospitals.	
	1924-25	1925-26	1924-25	1925-26
	s. *d.*	*s.* *d.*	*s.* *d.*	*s.* *d.*
Provisions not supplied from Institution garden and farm but procured from outside the Institution (including malt liquor in ordinary diet)	4 $8\frac{1}{8}$	4 $10\frac{3}{4}$	4 $10\frac{7}{8}$	5 $1\frac{1}{4}$
Garden and farm	1 8	1 $7\frac{7}{8}$	2 $6\frac{3}{8}$	2 $4\frac{3}{4}$
Clothing of patients and attendants	1 $1\frac{3}{4}$	1 $1\frac{5}{8}$	1 $1\frac{5}{8}$	1 $2\frac{5}{8}$
Salaries and wages (excluding deductions for board, lodging, and washing, and deductions under the Asylums Officers' Superannuation Act, 1909)	9 $3\frac{5}{8}$	9 $6\frac{1}{4}$	10 $8\frac{3}{8}$	10 $8\frac{3}{8}$
Pensions, gratuities, &c. (charged to maintenance account)	0 $7\frac{5}{8}$	0 $7\frac{3}{4}$	0 $6\frac{1}{4}$	0 7
Necessaries (*e.g.*, fuel, light, washing, &c.)	2 $8\frac{3}{4}$	2 $6\frac{5}{8}$	3 $4\frac{5}{8}$	3 $1\frac{3}{4}$
Surgery and dispensary	0 $2\frac{1}{4}$	0 $2\frac{1}{2}$	0 $3\frac{1}{8}$	0 $3\frac{1}{4}$
Malt liquor, wine and spirits (not included in ordinary diet) ...	0 $0\frac{1}{8}$	0 $0\frac{1}{8}$	0 $0\frac{1}{8}$	0 $0\frac{1}{8}$
Furniture and bedding	0 $9\frac{7}{8}$	0 $9\frac{1}{2}$	0 $11\frac{1}{8}$	0 $10\frac{5}{8}$
Miscellaneous	1 $9\frac{7}{8}$	1 11	2 $3\frac{5}{8}$	2 4
	23 0	23 4	26 $8\frac{1}{8}$	26 $7\frac{3}{4}$
Less Moneys received for articles, goods, and produce sold (exclusive of those consumed in the Institution)	0 $10\frac{5}{8}$	0 $10\frac{5}{8}$	1 $2\frac{3}{8}$	1 $2\frac{5}{8}$
Net Total average weekly cost per head ...	22 $1\frac{3}{8}$	22 $5\frac{3}{8}$	25 $5\frac{3}{4}$	25 $5\frac{1}{8}$

In making comparisons between the County and the Borough Mental Hospitals it should be borne in mind that the former are on the average twice the size of the latter ; and that up to a limit, not easy to define, the larger the number of patients in an institution the smaller the cost per head tends to be.

The average weekly cost per head for all institutions showed an increase of $2\frac{5}{8}$d. during the year under review, and a reference to the comparative table set out above will reveal the items which increased in cost during the year.

Pensions.—Including the sum of £23,123 paid direct by County and Borough Councils for pensions, granted under the Lunacy Acts of 1890 and previous years and which do not appear as a charge on the accounts of the several visiting Committees, the total cost per head of "Pensions, gratuities, etc.," was $10\frac{1}{2}$d. per week ; excluding the above sum, the weekly cost per head was $9\frac{1}{2}$d.

5. *Causes of Death during* 1925.

The time that elapses between the receipt of the mortality statistics for any given year and the preparation of our Report for that year for publication is too short to permit of an adequate study of the aggregate figures and the compilation of a complete analysis of returns. The subjoined table, therefore, refers to the deaths that occurred in County and Borough Mental Hospitals during 1925, the equivalent details relating to the year covered by this Report (1926) being not yet available. Some reference, however, will be made, in the section that follows this, to the mortality for 1926 in regard to certain diseases, particular reference to which necessitates the production of the latest possible information. This procedure is in accord with that adopted during recent years, the following table (an abbreviation of the mortality returns published before the war) being in direct sequence to the one appearing in our last Annual Report.

Causes of Death in the cases of all Patients in County and Borough Mental Hospitals who died during the year 1925. *The daily average number of patients resident during* 1925 *was :—Males,* 47,114 ; *Females,* 59,289 ; *Total,* 106,403.

	Primary (Principal).			Secondary (Contributory).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Enteric Fever – –	8	22	30	—	2	2	8	24	32
Diphtheria – – –	—	1	1	—	—	—	—	1	1
Influenza – – –	36	67	103	9	14	23	45	81	126
Dysentery – – –	19	43	62	7	10	17	26	53	79
Erysipelas – – –	4	12	16	—	—	—	4	12	16
Pellagra – – –	1	6	7	—	1	1	1	7	8
Phthisis (pulmonary tuberculosis) – –	319	395	714	25	34	59	344	429	773
Other tuberculous disease – – –	35	57	92	22	31	53	57	88	145
Cancer – – –	140	185	325	16	35	51	156	220	376
Diabetes – – –	11	9	20	1	4	5	12	13	25
Cerebral haemorrhage (apoplexy) – –	96	108	204	44	30	74	140	138	278
Organic disease of brain (and softening of brain)	73	63	136	44	40	84	117	103	220
General paralysis of the insane – –	958	216	1,174	32	8	40	990	224	1,214
Epilepsy – – –	137	123	260	43	33	76	180	156	336
Organic heart disease –	376	592	968	326	359	685	702	951	1,653
Arterial sclerosis – –	381	370	751	197	199	396	578	569	1,147
Bronchitis – – –	74	102	176	100	107	207	174	209	383
Pneumonia (all forms)	271	395	666	216	192	408	487	587	1,074
Enteritis – – –	3	18	21	7	8	15	10	26	36
Nephritis and Bright's disease – – –	146	257	403	101	158	259	247	415	662
Senility – – –	368	479	847	48	64	112	416	543	959
All other diseases –	428	556	984	349	483	832	777	1,039	1,816
Violent deaths (including suicide) – – –	49	20	69	9	7	16	58	27	85
Total deaths –	3,933	4,096	8,029	—	—	—	—	—	—

6. *Infectious and Allied Diseases.*

Enteric fever occurred in 33 Mental Hospitals in 1926 as against 35 in 1925. Thirteen hospitals had one case each and nine hospitals had two each. The largest number of cases occurred at Parkside, where there were 27, at Gloucester and Norfolk 8 each, and at Storthes Hall 7. Including one male and ten women nurses, the total notifications numbered 119, of which 31 were male and 77 female patients. For the last nine years the staff have contributed about 11·6 per cent. of the cases.

Attention has been drawn in previous Reports to the greater incidence of this disease among women in mental hospitals than among men. It is to be contrasted with the case of dysentery where the infection is evenly divided between the sexes, having regard to the fact that men form 44·3 per cent. of the total hospitals' population and the women 55·7 per cent. In the period 1918–21, 74 per cent. of the typhoid patients were women and in the following period 1921–6 over 80 per cent. have been women. For the year 1926 this percentage was over 72. In 21 of the 33 hospitals the outbreak was confined to the female side and in 6 confined to the male side.

In eight hospitals the disease has manifested itself, either in a single case or in several, every year since 1922, which was the first complete year following the institution of weekly notifications to our Board.

In the London and Middlesex Mental Hospitals, with a population of over 22,000, 56 cases have occurred among the patients in the last three years ; in the Yorkshire County Mental Hospitals, with a population of over 9,000, there have been 47 cases ; and in the Lancashire Hospitals, with a population of over 12,500, there have been only three cases.

The disease terminated fatally during 1926 in 10 men and 20 women patients and in 2 women nurses ; it was returned as a secondary cause of death in 3 cases. The death-rate per 1,000 patients resident in the mental hospitals is 0·27.

Year.	Typhoid and Paratyphoid Fevers.			Deaths.
	Patients and Staff.	Staff only.		
	Notifications.			
		Males.	Females.	
1918	508	—	—	—
1919	240	—	—	—
1920	159	—	—	—
1921 ...	91	—	—	—
1922	117	1	14	36
1923	122	1	16	17
1924	138	2	12	27
1925	147	2	17	35
1926	119	1	10	35

The following Table shows the number of hospitals where the disease was confined to one side of the institution.

1926.	Dysentery.	Severe Diarrhoea.	Enteric Fever.	Total.
Disease confined to male side.	11	10	6	27
Disease confined to female side.	19	14	21	54

In those hospitals, in particular, where the enteric fevers have occurred regularly each year, the question of preventing the disease by anti-typhoid inoculation should be considered. Prophylactic inoculation, however, does not relieve the hospitals of the need—(*a*) for exploring any hygienic faults that may give rise to intestinal infections, and (*b*) for promoting laboratory facilities in order to deal promptly with patients and contacts in the confirmation and diagnosis of the disease, and in the identification of " carriers " of infection.

Dysentery.—The total number of notifications of this disease from the County and Borough Mental Hospitals during 1926 was 515—or more than double the number for 1925. The deaths, which numbered 98, were, however, only 19 in excess of those in 1925.

While three hospitals together accounted for 212 cases (Denbigh, Cheddleton and Bristol) and five others for 121, the infection occurred in 52 hospitals, or 12 more than in 1925. Fifteen hospitals had only one case each and eight had two cases each. The number of hospitals in which the disease occurred in the years 1922–24 was 64, 60 and 50 respectively.

One fact contributing to the increased number of notifications is, without doubt, the more exact diagnosis afforded by the increasing laboratory facilities that are to be found each year in these hospitals. In this connection, the fact that this increase of dysentery has not been attended with a proportionate increase in deaths is important; the figures evidently include more mild cases than formerly for the reason just given. Nor have the figures for severe diarrhoea diminished by more than one.

Although the greater accuracy of laboratory diagnosis has probably added to the figures, and although three hospitals have accounted for a considerable proportion (41 per cent.) of cases, it is clear that there has been a general increase in the disease and that steps should be taken to investigate systematically its origin and mode of spread.

Twenty-three hospitals have notified cases of dysentery in each of the last five years. In some instances the hospital has had a large outbreak in one year but very few in other years. Other hospitals show a regular recurrence of about a dozen cases a year and these, in our opinion, call for some enquiry, no less than those where there is an occasional larger outbreak.

A marked contrast is seen between the manner in which typhoid and dysentery affect the staff: thus typhoid, with a

total incidence of 108 among patients, affected one male and ten female nurses, whereas dysentery, involving 515 patients, was contracted by two female nurses only.

A seasonal prevalence of the intestinal infections is observed in the last quarter of the year, if the two outbreaks of dysentery at Denbigh and Bristol in the third quarter are disregarded. Thus, grouping dysentery, severe diarrhoea and enteric fever together the figures are :—

	Dysentery.	Severe Diarrhoea.	Enteric.	Total.
1st Quarter	59	48	20	127
2nd Quarter	65	49	17	131
3rd Quarter	*86	55	33	*174
4th Quarter	156	124	38	318

It has already been pointed out that there are more cases of enteric fever among women : in this connexion it is noticeable that, of 33 hospitals in which this disease appeared, it was confined in 21 instances to the female side, and in 6 only to the male side.

While the actual number of cases of dysentery during 1926 is a little larger among female patients, the distribution of the disease between the sexes is in the same proportions as the male and female populations but the number of deaths among women is more than double that of the men, *i.e.* nearly 70 per cent. of the total : year after year this mortality is proportionately greater among women.

Tuberculosis.—In spite of the increase of 2,710 in the hospitals' population in 1926, the number of notifications of new cases of tuberculosis (all forms) fell by 195, and the number of deaths have diminished by 43. The incidence rate fell from 11·8 per 1,000 patients in 1925 to 9·7 per 1,000 in 1926, and the death-rate from tuberculosis also fell from 8·6 per 1,000 in 1925 to 8·0 per 1,000 in 1926.

The rate per 1,000 of notifications of pulmonary tuberculosis for the year was 8·4 ; the death-rate was 6·6, much the lowest yet recorded.

No fresh cases for the year, or deaths from this disease, were reported from two hospitals (West Sussex and Scalebor Park). From each of four hospitals only one fresh case was notified and seven hospitals notified two each. Fifty-one hospitals (more than half the total number) notified fewer than ten cases each, and there were 58 hospitals where the number of cases notified was below the average for the year (9·7.)

Fifteen hospitals notified twenty or more cases each. In the case of about ten there have been persistently high returns over a period of five years, a condition which needs investigation.

It is estimated that, including the freshly notified cases, there are some 1,900 tuberculous patients in the 97 County and Borough mental hospitals.

* Omitting Denbigh and Bristol.

A seasonal incidence of the disease is to be seen from a study of the returns received in the four quarters of the year :—

January to March	285	547
April to June	262	
July to September	195	370
October to December	175	

which corresponds to the notifications for the general population of England and Wales which we have received through the kindness of the Registrar General.

The mortality is 82·4 per cent. of the cases notified for the year 1926 ; for the previous four years the corresponding rate was 82·9. Among the general population, for the quinquennium 1919–23, the percentage of deaths of notified cases was 56 for all forms of the disease and the same for the pulmonary form ; and the death rate per 1,000 of the same population was 1·03 for all forms of the disease and 0·83 for the pulmonary form.

Registered Hospitals.

The number (13) of Registered Hospitals receiving patients remains as in the previous year, and a list of them will be found in Appendix F. in Part II. They continue to be well administered and to provide skilled medical treatment with kind and efficient nursing and care.

Certified Patients.—The percentage of discharges (recovered, relieved and not improved) to the direct admissions during 1926 was 62·1 (males 56·9 ; females 64·7), and of recoveries alone 41·5 (males 40·6 ; females 41·9); the percentage of deaths to the average number resident was 6·8 (males 7·9 ; females 6·0). Particulars of the suicides in these institutions will be found on p. 31.

Certified Patients.				Males.	Females.	Total.
Number on 1st January, 1926				817	1,249	2,066
	M.	F.	T.			
Admitted	203	374	577			
Discharged—						
Recovered	65	134	199			
Relieved	19	57	76			
Not improved	7	16	23			
By operation of law (lapsed Orders, &c.)	9	4	13			
Transferred to other institutions for the insane or to single care	46	73	119			
Died	64	75	139			
Number on 1st January, 1927				810	1,264	2,074

Voluntary Boarders.—In addition to the above patients there have been admitted during the year 574 voluntary boarders and, on the 1st January, 1927, 351 remained in residence. The institutions where the largest number of boarders were treated were Bethlem Royal Hospital, York Retreat and Manchester Royal Hospital, Cheadle, which absorbed between them 56 per cent. of the voluntary admissions into Registered Hospitals.

The foregoing figures show increases of eight certified patients and 52 voluntary boarders during the year.

Holloway Sanatorium.

At the beginning of February we learnt with regret of the death of Dr. William David Moore, which had occurred on the 30th January. Dr. Moore who entered the service of the hospital in January, 1892, had been the Medical Superintendent since 24th February, 1898. During their long association with him the Commissioners have always deeply appreciated his constant and careful attention to the duties of his office, as well as his personal devotion to the patients placed under his charge.

To succeed him, and after advertising the post, the Committee of Management appointed Dr. Henry Devine, O.B.E., (M.D.Lond., and Brist., F.R.C.P.) the Medical Superintendent of the Portsmouth Mental Hospital, who entered on his duties on 5th May, 1926.

Naval and Military Hospitals.

Royal Naval Hospital, Yarmouth.—When this hospital was visited in March, 1926, by two members of the Board, the number of patients on the books was 150—officers 34—other ratings 116. Five patients were on leave or probation, reducing the number in residence to 145, who were with few exceptions—due to mental disorder—remarkably contented and all of whom appeared to be properly cared for and where necessary to be receiving adequate medical and nursing attention.

The Commissioners were much interested in the arrangements which had been perfected since the last visit for the treatment of general paralysis by induced malaria, including the instalment of a small laboratory to permit of a record being kept of the pathological and biological changes during the course of treatment.

Royal Military Hospital, Netley.—The Commissioner who visited this hospital in December, 1926, reported that all the arrangements for the treatment, care and comfort of the patients were highly satisfactory.

The block in which the patients are under care was well maintained, and, in addition to other improvements, an open-air verandah had been provided for the treatment of acute cases, whilst the garden and grounds—pleasing features—afforded ample opportunity for out-door games and occupations, of which full advantage was taken.

The number of patients under treatment at the date of the visit was 35—including one officer—but the number of admissions during 1925 was 157—a considerable decrease as compared with the figures of the previous year, and an interesting fact is that the cases admitted included no case of general paralysis.

The discharges numbered 175, of whom 50 per cent. had recovered, a highly satisfactory figure, due in part, as has previously been pointed out, to the arrangements under which patients are sent for expert treatment as soon as mental symptoms are recognized.

State Criminal Asylum, Broadmoor.

This institution was visited in December, 1926, by two members of our Board, who reported very favourably of the conditions which they found prevailing, but expressed a hope that the installation of electric light and all the important advantages to be thereby obtained would not be overlooked.

The general health of the patients during the period under review had been very good, and with the exception of the incidence of tuberculosis, there had been a complete absence of infective disorder.

The number of patients resident was 798—of whom 600 were men and 198 women.

In referring to the death of Dr. W. C. Sullivan, who had been the Medical Superintendent since March, 1920, the visiting Commissioners said that " by his premature death a grievous loss has been sustained not only by the institution, but by the special branch of medicine which he enriched by his teachings and writings."

Dr. Sullivan has been succeeded by Dr. H. P. Foulerton (M.R.C.S., L.R.C.P., D.P.H.).

Licensed Houses.

On 1st January, 1927, there were 19 Metropolitan Houses licensed by us and 36 Provincial Houses licensed by Justices for the reception of patients under the Lunacy Acts, the same number as in the previous year.

Certified Patients.—The percentage of discharges (recovered, relieved and not improved) to the direct admissions during 1926 was 62·6 (males 62·7 ; females 62·5), and of recoveries alone 29·3 (males 25·8 ; females 31·0) ; the percentage of deaths to the average number resident was 8·7 (males 7·7 ; females 9·2).

The following table gives the numbers and distribution of the certified patients detained in these Houses on 1st January, 1927 :—

Certified Patients.	Males.	Females.	Total.
Number on 1st January, 1926—			
Metropolitan	390	752	1,142
Provincial	585	958	1,543

	M.	F.	Total
Admitted :—			
Metropolitan	135	308	443
Provincial	154	269	423
Discharged :—			
Recovered—			
Metropolitan	20	76	96
Provincial	38	69	107
Relieved—			
Metropolitan	41	87	128
Provincial	27	38	65
Not improved—			
Metropolitan	6	14	20
Provincial	9	8	17
By operation of law (lapsed Orders, &c.)—			
Metropolitan	4	12	16
Provincial	11	3	14
Transferred to other institutions for the insane or to single care—			
Metropolitan... ...	45	76	121
Provincial	34	66	100
Died—			
Metropolitan	41	78	119
Provincial	34	77	111

Number on 1st January, 1927—			
Metropolitan	368	717	1,085
Provincial	586	966	1,552

These figures show that there was a decrease of 57 in the number of certified patients in Metropolitan Houses and an increase of nine in Provincial Houses.

Voluntary Boarders.—In addition to the above patients there had been admitted during the year 553 voluntary boarders (257 in Metropolitan and 296 in Provincial Houses), and on the 1st January, 1927, there were resident 106 in Metropolitan and 157 in Provincial Houses—an increase during the year of 13 in the former and five in the latter.

Our inspection of these Houses during the year enables us to report that they are generally maintained in very good order and that they afford suitable care, treatment and attention for the patients who are resident therein.

In order to ensure that the suggestions and recommendations made by the Commissioners in the Visitors' Book after their visits to these Houses should, as a general practice, be brought to the notice of all the Licensees and other persons financially interested, we issued in November a circular letter asking for an assurance that this practice would be followed. This was readily given by all concerned.

Variations in Licences.—The changes that have occurred during 1926 in the personnel of the licensees of these Houses are noted in the list, which appears in Appendix F. in Part II.

1. *Brislington House.*—The name of Dr. Francis Elliot Fox (M.R.C.S., L.R.C.P.) a son of Mrs. Annie Fox, was added to the licence in the place of Mr. Herbert F. Fox.

2. *Featherstone Hall, Southall.*—Dr. W. H. Bailey has ceased to be a licensee of this house.

3. *Flower House.*—Dr. William F. Umney (M.D. Lond.), took the place of Dr. George Stilwell as medical officer of this house in March and Lieut.-Colonel Walter Horace Francis à Beckett's name was substituted in the licence for that of his brother Major Patrick F. W. à Beckett in December.

4. *Glendossill.*—In September we received with regret the news of the death on the 4th of that month of Mr. John James Agar who had been one of the licensees of this and Hurst House since 1894.

5. *Hendon Grove.*—In May Dr. de Caux ceased to be the Resident Medical Officer of this house and his place was taken by Dr. Harold R. S. Walford (M.R.C.S., L.R.C.P.), whose name was included in the licence.

6. *Kingsdown House.*—In November, 1925, Dr. James V. Blachford, C.B.E., retired from the post of Medical Officer and his name was omitted from the licence when it was renewed in July, 1926.

7. *Moorcroft, Mead House, Hayes Park* and *Wood End.*—In August we learnt with great regret of the sudden death of Dr. Robert Henry Cole, F.R.C.P., who was one of the licensees of the first named house from 1891 to 1914 and Visiting Physician of that and the other Houses since that time. He had been favourably known to us for many years on account of his good work in connection with the insane. He was at the time of his death Honorary Physician in mental disorders at St. Mary's Hospital, a lecturer in its medical school, and Visitor to mental deficiency institutions for Middlesex ; and, by his active interest in projected measures to facilitate the treatment of early cases of mental illness, as well as by his writings and in other ways, he did much to advance the claims of Psychological Medicine.

8. *Newlands House.*—In September Dr. E. L. Williams ceased to be resident Medical Officer and Dr. J. M. Sergeant resumed residence in this house. In October the licence was altered to allow of more female patients being received.

9. *Shaftesbury House.*—On 1st May of last year Dr. Charles

J. Tisdall, formerly of Tue Brook Villa, was appointed resident Medical Officer of this house in the place of Dr. A. W. Wilcox, who had died earlier in the year.

10. *Stretton House.*—On the 30th November last Dr. Bruce F. Home, L.R.C.P. and S. Edin.) took up the duties of resident Medical Officer in the place of Dr. E. O. Bowie who had left.

11. *Tue Brook Villa.*—In place of Dr. Tisdall, mentioned above under Shaftesbury House, Dr. J. M. Moyes (M.B. Edin., D.P.M.) returned to Tue Brook Villa to act as Medical Officer and Resident Licensee, with his wife, Dr. Alice E. M. B. Moyes, (M.B. Edin., D.P.M.) as Assistant Medical Officer.

Particulars of the suicides in these institutions will be found on p. 31.

Single Patients.

The following Table shows the changes that have occurred during the past year among the patients residing in single care under the provisions of the Lunacy Acts, but exclusive of those who have been found insane by inquisition.

Certified Patients.	Males.	Females.	Total.
Number on 1st January, 1926	105	274	379

	M.	F.	T.
Direct admissions ...	5	19	24
Admitted on transfer ...	41	78	119
Discharged :—			
Recovered	11	13	24
Relieved	4	15	19
Not improved	3	6	9
By operation of law (irregular Reception orders)	—	2	2
Transferred to other single care or to institutions for the insane	16	60	76
Died	7	12	19

Number on 1st January, 1927	110	263	373

These figures show that there was a decrease of six in the number of single patients.

As compared with the previous year, there was an increase of 12 in the number of admissions during 1926, while the discharges excluding transfers, showed an increase of 11. The deaths were 11 less than those during 1925.

Visits have been paid to these patients by Commissioners, in some cases where it was deemed advisable, on two occasions during the year, and we can report that the arrangements for their care, comfort and supervision were generally satisfactory. The patients are for the most part of the mild, chronic type.

The Insane in Poor Law Institutions.*

The subjoined table shows the distribution of patients who are certified under the Lunacy Acts, and who were in Poor Law Institutions on 1st January, 1927 :—

	Males.	Females.	Total
In Metropolitan District Asylums	2,191	2,723	4,914
In other Poor Law Institutions -	4,677	6,650	11,327
Total - - - -	6,868	9,373	16,241

More might be done, especially in some of the smaller Poor Law institutions, in the way of providing amusements and occupations for the patients. This is particularly necessary in the case of the male patients, many of whom spend a large portion of their time indoors.

Use of Section 26, *Lunacy Act,* 1890.—During the course of the year arrangements have been made between the Visiting Committee of the East Sussex Mental Hospital and the Guardians of the Steyning Union, whereby a small number of chronic male patients from the Hospital, who are not dangerous, are to be received into the Steyning Poor Law Institution under the terms of s. 26 (1) (2) of the Lunacy Act, 1890. These arrangements are subject to regulations which have been drawn up in accordance with the terms of the above section and which have been approved by the Minister of Health and by our Board.

The first use of this section was made in 1893 by the Visiting Committee of Prestwich Mental Hospital and was noticed in the 48th Report of the Commissioners in Lunacy. Since that time several similar arrangements have been made ; but, by the year 1920 all had either lapsed or fallen into disuse.

Many patients of the class referred to could be treated adequately in a properly staffed and equipped Poor Law institution ; and, having regard to the shortage of mental hospital accommodation, it is important that local authorities should take all practicable steps to secure that the accommodation is used to the best advantage. We therefore commend this power to their notice.

*The number of mental defectives in these institutions will be found on p. 75.

Suicides and other Fatal Casualties.

The following table shows the number of patients and voluntary boarders who died during 1926 as the result of a suicidal act.

	County and Borough Mental Hospitals.	Registered Hospitals.	Licensed Houses.
Certified Patients.			
Number who committed the act whilst in residence	21	1	—
Of whom were—			
(*a*) Not considered to be actively suicidal	14	—	—
(*b*) Considered to be actively suicidal	7	1	—
Number who committed the act before admission	11	—	1
Number who committed the act after escape -	1	—	1
Number who committed the act whilst on leave or trial - - - - - - - - - -	8	*2	*2
Total - - -	41	3	4
Voluntary Boarders.			
Number who committed the act whilst in residence	—	3	2
Number who committed the act whilst on leave -	1	—	—
Number who committed the act whilst absent without leave - - - - - - - -	—	1	—
Total - - -	1	4	2
Total of certified patients and voluntary boarders	42	7	6

The number of suicides amongst certified patients is greater by three owing to an increase of those who committed the act either before admission or whilst on leave or trial, but the suicides of those actually in residence is less by one than in the previous year.

* Including a patient on leave at a Branch House.

This is distinctly noteworthy when it is remembered that in recent years an increasing number of patients have been given parole and that a greater freedom from restrictions is gradually being allowed to many others. The number who ended their lives whilst on leave or trial (12) is again approximately one fourth of the total suicides.

Few points of interest arise from the cases but it may be pointed out that in six instances the act was committed in ward lavatories, in two in ward bath-rooms, in two in small rooms off wards, and in one in a nurses' room. The sanitary annexes are always places of danger for suicidal patients and great care is necessary on the part of the nursing staff in regard to them, but it is to be hoped that the old practice of keeping them locked except at certain intervals during the day will not again be resorted to as, though accidents may occur, the majority of the patients should not be made to suffer inconvenience on this account. It may be necessary, however, to warn the nursing staff as to the necessity for keeping other rooms such as bath, bucket and store and nurses' rooms always under lock and key.

Two minor points to which attention may be drawn are noticed in the cases of the suicide of J.S. at Powick Mental Hospital and of M.B.W. at Newport Mental Hospital. In the former the act of hanging was made possible by the use of ropes taken from step ladders used in the wards, and it may be considered advisable, when opportunity occurs, to replace the ropes by chains securely fastened to the ladders as has already been done at Powick. In the latter the patient set fire to a flannelette night-dress which had been supplied by the friends. The Board are anxious that patients should be allowed to wear their own clothes whenever possible, but it may be necessary in future to investigate somewhat carefully the clothing supplied in case material of a dangerous character enters into its composition.

Suicides of patients on leave at Branch Houses.

(1) *Old Manor.* E.B., female aged 55. This patient, who was known to be suicidal, was admitted to the Old Manor in August, 1923, and was sent to the branch house, Hume Towers, Bournemouth, on 25th January, 1926. In the early morning of 13th September, after a struggle with the nurse in charge she succeeded in throwing herself from a first floor window and died the same afternoon from shock following the precipitation.

(2) *Cheadle Royal Hospital.* J.W.S.A., male aged 46. This patient, who was known to be actively suicidal, was admitted into Cheadle in August, 1925, and on 9th September, 1926, was sent to the branch house Glan-y-don, Colwyn Bay. On the morning of 20th September, whilst walking with a male nurse on the promenade, he threw himself into the sea, which was rough and at high tide. He was rescued with great difficulty, but though after artificial respiration, he apparently recovered, he died later

in the day from cerebral hæmorrhage following the submersion. After the Coroner's enquiry, when a verdict of suicide whilst of unsound mind was returned, the Committee held a further enquiry, more especially into an apparent discrepancy in the evidence given before the Coroner and into the conduct of the male nurse in charge of the patient. The Committee were satisfied that there was no real discrepancy in the evidence and allowed the nurse, who admitted that he had neglected to carry out his orders, to resign.

In both these cases it will be noticed that actively suicidal patients were allowed to stay at branch houses at a distance from the main institution. These houses have always been intended for the treatment of either convalescent patients or of patients of a quiet harmless character who would be able to enjoy a change of air and scenery and a life of somewhat greater freedom from supervision than can usually be allowed them at the main institution. It was not contemplated that suicidal patients or those of a troublesome character should be sent there, and it is evident that if they are, the necessary supervision and restrictions would completely alter the character of the houses and militate against the contentment of all in residence. In the Board's view this is most undesirable.

X-Ray Installations.

In our last two Reports the value of X-Ray installations in Mental Hospitals has been dealt with at length, but, without labouring the subject, we would again point out the disabilities under which the medical staff have to work where they have not this aid to diagnosis at their disposal, especially in cases of obscure abdominal trouble.

This is instanced in each of the three following cases where, had a positive diagnosis been possible, it is probable that the treatment given would have been different and possible that the result would have been more favourable.

(1) *M.C. Banstead Mental Hospital.*—Suicide by swallowing foreign bodies. The patient, a female aged 57, was known to be suicidal, and in April, 1924, admitted that she had swallowed several buttons and a hair pin. On 18th November, 1926, she died after an illness of some three months' duration. Post-mortem examination showed that the large intestine was inflamed and thickened throughout but particularly in two regions where two bundles of foreign bodies (17 hair pins and a safety pin) were impacted. During the fatal illness,—which was accompanied by abdominal pain, vomiting and some diarrhœa with blood in the stools—the case was diagnosed at different times as one of pellagra and dysentery; but it appears that, had the true cause been shown by X-Rays, an operation might have been undertaken with good chance of success.

(2) *J. H. C. Monmouth Mental Hospital.*—Suicide by swallowing pencil. The patient, a male 48 years of age, had suicidal tendencies, and on 16th December, 1925, swallowed a lead pencil. No untoward symptoms supervened until 22nd January, 1926, when he collapsed, but there were no abdominal signs of peritonitis or indicative of the need for an operation. Three days later he became rapidly worse and died. A post-mortem examination revealed a perforation of the stomach and general peritonitis. At the inquest the medical evidence showed that the symptoms were the very opposite to those normally found in abdominal cases; but, had an X-Ray examination been possible on 22nd January, an immediate operation might have been successful.

(3) *G.M.S. Monmouth Mental Hospital.*—Perforation of intestine caused by a mass of bootlaces, hair and string. The patient, a female aged 31, was in May, 1926, confined to bed suffering from pulmonary tuberculosis and on the 19th showed signs of intestinal obstruction which however passed away under treatment. On 5th June she died after suffering from diarrhœa for two days. The post-mortem examination showed the presence of two hair balls, one in the stomach and one, which had caused ulceration and perforation, in the small intestine. The cause of death was peritonitis consequent on the perforation. The advantage that would have been gained by an X-Ray examination in May is obvious.

Apart from the suicides and from one case in which a patient died at the Wakefield Mental Hospital with severe injuries and which will be commented on in our next Report, the deaths from injuries are not of great importance, but some points of interest may be gathered from the following short notes :—

Manslaughter by Fellow Patient.—A. McC., a male patient aged 36, suffering from dementia praecox. The patient, whilst washing himself at a basin at about 7 a.m. on the morning of 9th August, was struck by patient A.N. with his fist on the right temple. McC. ,who had been knocked down and was in a dazed condition, was at once carried out of the lavatory but soon apparently recovered and rested until he was seen by the doctor and ordered to bed. At 1 p.m., however, he collapsed, becoming unconscious, and died at 5.15 p.m.

At the post-mortem examination it was noticed that the bones of the skull were abnormally thin and a fracture of the right temporal bone was discovered.

At the Coroner's inquest a verdict was returned that the patient died from fracture of the skull and intracranial hæmorrhage as the result of being struck by the fist of one A.N. Manslaughter against A.N.

A.N. was apprehended by the police and was committed by the Justices before whom he appeared to take his trial at the Assizes, when he was found to be insane so that he could not be tried, and was ordered to be detained until His Majesty's pleasure be known. A.N. is now in the Broadmoor Criminal Lunatic Asylum.

Poisonous fungi in airing court.—The danger of the presence of poisonous plants or fungi in the grounds where patients have exercise is illustrated by the death of F.J.M., a male patient at the Ipswich Borough Mental Hospital. This patent was reported to have vomited during the morning whilst in the airing court, and was in consequence put to bed. He again vomited in the evening and on the following morning vomited and complained of vague abdominal pains. During the day his condition remained more or less unchanged but in the evening he became restless and confused and later unconscious, with rapid shallow breathing. His temperature, which had been normal, rose to 100, his pupils became widely dilated and fixed, and he died at 9.40 p.m.

Evidence was given at the inquest that it was known that fungi grew in the court and in consequence the ground was examined by a male nurse every morning. The fungi, however, grew very rapidly and apparently some had been missed on this occasion. The patient was known to pick up anything and eat it, and before his death he had told the charge nurse that he had eaten fungi.

The verdict was returned that death was accidental and the jury considered that no blame was attached to anyone.

This is not the first time that accidents of this kind have occurred and a somewhat similar case was referred to in our Report for 1918.

Faulty window lock.—Attention may be called to the death of S.I.B. at Sunderland Mental Hospital, who fell some twenty feet to the ground from a day-room window which she had herself opened. The window was controlled by a lock and key so that it could not be opened more than five or six inches, but it appears that the lock was not in proper working order and by giving an extra push the window could be opened to its full extent. It is evident that such locks need regular overhauling.

II. MENTAL DEFICIENCY.

1. Lack of Accommodation.

It is once more necessary to state that the lack of accommodation for defectives becomes every year more urgent. Prominence to this fact was given in last year's Report, and we can only refer

to the paragraphs we then wrote and say that the position there revealed has been accentuated during the last twelve months. No additions have been made to the number of institutions provided by Local Authorities. The list then published showed that 23 institutions had been provided by Counties and County Boroughs. It is, however, satisfactory to record that the following Local Authorities have added to their provision as indicated below.

Calderstones, Lancashire Asylums Board – –	85	beds
Pantglas, West Wales Joint Board – – – –	20	,,
Wales Court, Sheffield C.B. – – – – –	2	,,
Aston Hall, Nottingham C.B. – – – –	79	,,
Kepstorn, Leeds C.B. – – – – –	40	,,
Total increase up to date of writing – – –	226	,,

The total number of beds provided by Local Authorities is now 5,301. When it is remembered that at a low estimate one per thousand of the population need institutional provision, it will be seen how far short of the fulfilment of their statutory duties the Local Authorities are at the present time. As was said last year, our Board are prepared to give consideration to schemes for providing further accommodation and think it urgent that such schemes should be submitted without delay.

Some encouragement may perhaps be derived from the fact that the failure to provide institutions arises in most cases not from ignorance of their necessity nor from unwillingness on the part of Local Authorities to fulfil their duty, but from the heavy financial burden already borne by the rate-payers. It is difficult to convince members of councils that the expense of maintaining the feeble-minded who cannot maintain themselves must eventually be borne by the community, and that it is a choice between maintenance under improper conditions in Poor Law institutions, prisons, by out-door relief or unemployment benefit, or maintenance in institutions where they are under continuous training and care. The present methods of supporting mental defectives leave them free to cause grave social evils by their delinquencies and depredations, and to produce children who, in turn, may have to be supported out of the rates. In and out of prison, in and out of a Poor Law institution, sometimes receiving out-door relief, sometimes charity, exposed to temptations they have no power to resist, a misery to themselves and a source of danger to their neighbours, these afflicted persons should be a first charge on any civilized community. Under proper treatment it is possible by early and continuous care and training, not to cure them, but to make them harmless, happy, and to some extent useful.

The following passages from the Report of the Departmental Committee on the Treatment of Young Offenders, March, 1927, are important, and their opinion should carry weight with those Local Authorities who have made no provision for the mentally defective. In the section of this Report headed "Mental Defect" they say: "It is important that offenders who are mentally "defective should be provided for in institutions suited to their "infirmity, and that they should not be sent to approved schools, "Borstal, prison or other institutions for the treatment of normal "offenders. The Mental Deficiency Act, 1913, gave effect to this "principle and provided machinery by which offenders of this class "could be dealt with either at the time of trial or by subsequent "transfer. We hope that the improved methods which we have "recommended for the observation of young offenders will ensure "that all those who are mentally defective at the time of trial will "be dealt with as such by the courts under the Mental Deficiency "Act.

"Unfortunately the intention of Parliament cannot be realised "owing to the lack of accommodation. The War made it "impossible for several years for Local Authorities to fulfil the "obligations imposed upon them, especially in view of the then "financial position. The ground thus lost has never been "recovered, and though the temporary difficulties which arose "owing to the War can no longer be pleaded in extenuation, "practically no progress is being made to grapple with the "problem."

After quoting passages from our Report for 1925, and pointing out the serious condition it reveals, they continue: "It is not any "part of our function to consider the problem of mental defect as a "whole, but so far as the question concerns young men and women "who are falling or have already fallen into crime, the present "position is a grave injustice to the unfortunate persons concerned "and a serious menace to the public interest. We desire to draw "attention to the unsatisfactory position, and to the paramount "importance of coping with it." In the summary of their conclusions the following recommendations are made:—

"Immediate steps should be taken to deal with the serious lack "of accommodation for mental defectives."

"The Mental Deficiency Act, 1913, should be amended so as to "remove the difficulty caused by the words 'from birth or early "age.'"

The opinions of this able and representative Committee are convincing and enforce the necessity for immediate action, especially as our returns this year again show a marked increase of the numbers quoted by the Departmental Committee, *i.e.*, cases "subject to be dealt with" but "awaiting removal to an institution."

The following Local Authorities were mentioned last year as having acquired estates on which to establish Colonies :—

Bristol	Southampton County
Kent	Denbigh
Birmingham	Middlesex
Hertford.	

We regret that Kent and Denbigh have not at present prepared plans for the development of the estates they have purchased. The other five Local Authorities have all submitted schemes for the adaptation of existing buildings on the estates, and for the erection of new buildings, and it is to be hoped that one or two of them will be able to receive patients in the near future. To the above Local Authorities we are glad to add Newcastle-on-Tyne, who have been fortunate in securing a large and easily adaptable building on an estate big enough for future developments. We anticipate that they will shortly be able to receive some three hundred patients. The County Councils of Glamorgan, Carmarthen, the West Riding, and the County Borough of West Ham have also bought estates where it is hoped to develop large Colonies.

We are in communication with other authorities who are giving serious consideration to the provision of Colonies. Some of these have not a sufficient population to require a Colony large enough to provide economic and efficient classification, and they are, therefore, seeking to combine with other neighbouring authorities for this purpose. We are anxious to do everything in our power to facilitate such combinations, and we strongly recommend all Local Authorities whose population is not large enough to need a full sized Colony to approach other authorities without delay.

The Local Authorities for Bradford, Leeds, Nottingham City, Hull and Somerset are all considering the enlargement of their existing accommodation, and we trust that some of them will be able to begin work during the current year.

Plans for the enlargement of the Royal Eastern Counties Institution to provide additional beds for the Essex, Cambridgeshire, and East and West Suffolk County Councils, are also under consideration. The Royal Albert Institution, Lancaster, is also enlarging its accommodation.

If all the above schemes mature during the next two or three years the position with regard to accommodation will be substantially alleviated, but it must be remembered that they are local schemes, and that many Counties and Boroughs will still be without provision even for the most urgent cases. We should like to take this opportunity of congratulating all those Local Authorities, who, in spite of financial and other difficulties, are showing foresight, wisdom and public spirit by endeavouring to fulfil their statutory duties under the Mental Deficiency Act.

We recognize that there are some Local Authorities who, though they have not themselves provided any or sufficient accommodation for defectives, have taken very active steps to secure what beds are to be had in private or Poor Law institutions.

On the 1st January last in 30 areas, the ratio of cases in institutions was 0·50, or more, per 1,000 of the population :

Oxford City –	1·21	Devon – –	0·64
Ipswich – –	1·10	Warwick Co. –	0·62
Somerset – –	1·03	Chester C.B. –	– 0·59
Rutland – –	0·93	Canterbury –	0·59
Soke of Peterborough	0·87	Bradford – –	0·58
Cambs – –	0·85	Kingston-on-Hull	0·57
Wilts – –	0·84	London – –	0.55
Bath – – –	0·82	Nottingham C.B. –	0·53
Birmingham –	0·81	Exeter – –	0·52
Bristol – –	0·79	Lancashire – –	0·51
Leicester C.B. –	0·78	Southampton Co.	0.51
Middlesex – –	0·76	Sheffield – –	0·51
Bucks – –	0·72	Montgomery C. –	0.51
Yorks City – –	0·71	Reading – –	0·50
Leeds – – –	0·65	Croydon – –	0·50

On the other hand, 46 Local Authorities had a ratio of under 0·25 in institutional care, of whom the lowest ten were :

Smethwick – –	0·09	Radnor – –	0·04
Grimsby – –	0·08	Great Yarmouth	0·03
Lincs (Holland) –	0·07	South Shields, Swansea	
Carlisle ... –	0·06	and West Bromwich	0·00
Merthyr Tydfil –	0·05		

Colony Provision.

It is generally recognized that residential provision for defectives should be made by the establishment of village Colonies. The advantage of this system cannot be denied and can be exemplified by the following description of a well developed village colony.

Monyhull was established by the Birmingham Joint Board of Guardians some years before the passing of the Mental Deficiency Act. The estate consists of 300 acres of land and the buildings and gardens occupy about 50 acres, the remainder being used for farming and recreational purposes. The Old Hall, which was purchased with the estate, is occupied by the Matron and affords quarters for nine other Officers. It also contains the Committee room and the Clerk's Offices.

The homes for the colonists are arranged in three groups—for children, men and women. There are eight homes, four for each sex, in the children's group—six of these homes consist of two storey buildings with 50 beds each, and the other two are one storey buildings with 38 beds. It will be seen at once that the provision of four different homes for children of each sex allows for good classification, and the one storey homes give opportunity for dealing with cases of severe epilepsy and crippled children. The homes have each two dayrooms brightly and prettily decorated and comfortably furnished. Between the homes there are flower gardens and neatly kept paths. The small size of the units secures the possibility of the individual knowledge and the mothering of every child.

Every day all children who are physically fit go to the Colony School which is situated near the Children's Homes. The little walk to school secures fresh air and exercise, and thus resembles to some extent the life of a normal child. The School consists of an Assembly Hall and ten class rooms. There is also a hand laundry for the girls and workshops for the boys, and in these the preparatory training is given which enables the children later on to become useful members of the adult Colony. Some of the children have little gardens of their own, and as much drill and as many games as possible are taken in the open air. The Children's section of the Colony has been certified by the Board of Education, and many of the children are maintained by the Local Education Authority ; consequently, when they reach the age of 16 and if it is found that they need further institutional care and protection, they can be certified under the Mental Deficiency Act and transferred to the adult section.

The group of homes for women consists of six houses, each accommodating 45. They are built on opposite sides of a pleasant road bordered with shrubs and flowers. At a convenient distance is the laundry where many of the women work, and they are also near the kitchens and sewing room, and the basket shop. Some of the women go over to the children's homes and nurses' quarters to give help in the house work.

The third group of men's homes is also composed of six houses each for 45 men. A number of the men work on the farm, and there is a line of workshops in which the others are employed. A considerable variety of different employments and trades are taught, so that it is possible to transfer a patient from one to another until the one is found at which success may be attained. This is one great advantage which a large Colony has over a small institution ; the latter cannot provide an instructor for more than one or perhaps two varieties of handicrafts.

There is a large Recreation Hall where entertainments are frequently given, sometimes by the colonists themselves, and sometimes by people from outside ; there is a fine Chapel and

a Home for the Nursing Staff, and a Central Kitchen and Bakehouse.

Anyone visiting this Colony must be struck with the cheerful aspect, and the comparative freedom of the colonists. At the dinner hour they come from their workshops and the farm back to their own homes chattering and laughing with each other, and apparently under little restraint. On a Saturday afternoon there are games for those who can play, and amusement for those who can only watch. Hay time and harvest are seasons in which they take great interest and enjoyment. In fact the life they lead is as near that of normal individuals as their mental condition will allow. It is as different as possible from the restrictions which must always accompany the housing of defectives in large barrack buildings or in ordinary Poor Law institutions where the airing courts often are small and somewhat dreary, and the wards unsuitable for the permanent detention of children and young people. We recommend any Local Authority who is considering provision for the mentally defective to visit this Colony. Other institutions may be equal to, or even in advance in any one particular trade or occupation, or in methods of training; but, for the general lay out of the buildings and for the carrying out of the idea of village life, Monyhull is a good example.

2. Marriage of Defectives under Orders, and Sterilization.

There can be no two opinions as to the undesirability of defectives marrying who have been certified as unable to manage themselves and their affairs or as needing care, supervision, and control. To place such persons in control of others, especially of helpless children, is the height of unwisdom and the negation of the aims of a civilized community. The increasing numbers of defectives under Guardianship and of those allowed out on licence brings this question prominently before us, and serious consideration should be given to the possibility of any useful legislative action, to improved methods of supervision outside an institution and to the cultivation of a public opinion which would help and not hinder the carrying out of any preventive measures.

The procreation of children by unmarried defectives, deplorable as it is, has not as a rule the same evil consequences to the children as the marriage of defectives. In the former case.the children are generally brought up apart from their parents and at the present day are given the chance of as full development as possible both morally, physically, and mentally. On the other hand those who are the offspring of married defectives remain under the control of persons who are incapable of taking care of them, and they

are consequently exposed to the hardships, neglect, and ill-treatment that the mental condition of their parents renders inevitable.

It has been suggested that it should be made a punishable offence to marry or connive at the marriage of any person known to be certified as a mental defective under the Mental Deficiency Act, but if the law were so altered it is very doubtful if public opinion is sufficiently informed to enforce it. We have instances where a Local Authority and Visitors have suggested the discharge of feeble-minded women in order that they may be married; and, if a girl has become pregnant, public opinion would generally approve of her marriage and disapprove of her recall to an institution.

One Local Authority tells us that they have knowledge of six defectives where petitions have been dismissed by the Judicial Authority in order to allow the defectives to get married, and also of two others where the petitions were dismissed in order to allow two pregnant defective girls to marry. These instances seem to show that public opinion has not yet realized that the upbringing of children by defectives should be prevented as far as possible.

The publication of the facts discovered by Local Authorities as to the extent to which the marriage of defectives takes place might go far to prepare the way for legislation, and to justify an alteration of the law.

Much might even now be done to prevent the marriage of defectives by a more careful selection of the persons to whose care they are entrusted, and we particularly desire to point out the danger of licensing cases of marriageable age to their parents or of placing them under the guardianship of their parents. Many parents do not recognize that their children are defective, or even if they do, they believe that the best thing for them is to marry. We have instances where parents have failed to report intimacies with the opposite sex, and have deliberately encouraged marriage. This is not so likely to occur when the defective is living with a suitable guardian who is not a relation.

Sterilization.—Last year we stated: "We have arrived at no definite conclusions in regard to this subject, but we may state that we do not consider that sterilization would materially diminish the immediate need for increased institutional accommodation, or for better provision for the care and supervision of defectives outside institutions. Whether sterilized or not, a large proportion of defectives will continue to need institutional care on account of their inherent incapacity to look after themselves or their affairs; and, for the same reason, care and supervision will always be necessary for those living in the community."

A year's further consideration gives no grounds for any alteration in our opinion; but, as the matter has again been brought to our notice by various public utterances and was made one of the subjects of discussion at a conference between ourselves and representatives of the County Councils Association, it may be well once more to reiterate the opinion that sterilization would not materially affect the necessity for the provision of Colonies.

This is the more necessary as a different view has sometimes been expressed by representative Medical Officers of Health.

In a report made by a County Medical Officer of Health in consultation with two other Medical Officers of Health we find the following opinion :

"At least half the cases sent to institutions are sent there solely to prevent procreation."

We regard this as a serious misunderstanding of the conditions which govern the necessity for institutional care and protection. The above statement and the conclusion to which it leads its author is further developed in the following passages :

"*Voluntary sterilization.*—Great numbers of mentally defective "persons are now being segregated in all kinds of institutions solely "for the purpose of preventing propagation. They are able to do a "certain amount of work, and are even quite useful members of a "family. Their relatives are anxious and willing to retain them at "home where they will be of no cost to the community, but the fact "that they are unable to restrain or protect themselves sexually is "regarded as anti-social and in the hope of preventing the transmission of the defect to succeeding generations, segregation is "insisted upon even in the face of considerable opposition from all "concerned. It is reasonable to suppose that the parents or "guardians of many of these cases would be quite willing for the "defective to undergo sterilization, while the defectives themselves "would rarely object. In such circumstances they could remain at "home quite safely and without cost to the community. A "practical procedure would be to offer sterilization as a means of "avoiding compulsory segregation for life in an institution. From "the point of view of health and happiness the two prospects cannot "be compared, as the unfortunate mental defectives would remain "among friends and relatives and lead the ordinary life of the class "into which they were born. Voluntary sterilization could also "be offered as a condition of being discharged from an institution."

Again "of course it will be understood that a considerable "number of cases will require permanent segregation in any event, "and sterilization in such cases would lead to no practical result. "On the other hand sterilization, in those cases where the sole reason "for segregation is prevention of propagation, appears to be not "only a measure of considerable economy, but also a means of "giving these unfortunate persons an ordinarily happy existence.

"Such individuals can frequently be employed in ordinary life to "advantage, and their maintenance at the public expense appears "wasteful and unnecessary."

This subject is of great practical importance, but general observations which are not founded on actual experience must be checked by facts, and at our request Dr. F. Douglas Turner, Medical Superintendent of the Royal Eastern Counties Institution, a man of great experience, was asked to consider the question in relation to the whole of the patients under his care. He states :

"I have been considering the answer I should give to your "question as to the percentage number of defectives now being "retained in institutions solely to prevent them having children, "and who could therefore be discharged if they were sterilized.

"I can only speak for this institution, and so far as we are "concerned the number is almost negligible.

"To take the patients class by class.

"*Idiots.*—It is admitted generally, I believe, that cases of idiots "having children are almost unknown, and the question of steriliza- "tion does not arise in reference to this class. Those we have are "here because they need looking after and are too great a burden in "their own homes.

"*Imbeciles.*—With the lower half of this grade the position is the "same as with the idiots. They are custodial cases who need too "much looking after to be in a private house.

"The female upper half of the imbecile grade are, in my opinion, "just the class best suited to be boarded out with foster-mothers. "They are quiet, well-behaved, and harmless, and if the foster- "mother treats them just as children, which is the only way to treat "them, I think sterilization is unnecessary. They should be "safe without this. It is the class we are trying most to "board out.

"The male upper half of the imbecile class are not so easy to "board out, or return to their homes. No one, in my experience, "wants them outside an institution, and there is therefore no "object in sterilizing them.

"If, therefore, any defectives are to be sterilized, it can only "be the feeble-minded, and these are the only class in which there "is any possible chance of its being any saving.

"First of these one naturally thinks of those married before "admission. We have two men and six women.

"Of the men, one lives chiefly by thieving when outside ; the "other committed an indecent assault on his step-daughter "aged 12. Sterilization would not permit of their being dis- "charged.

"Of the women, two were admitted at the instance of the "N.S.P.C.C. because they could not look after the children they "already had.

"The other four were all sent for gross promiscuous immorality. "Sterilization would not make the first two able to look after their "children any better than they did before admission, and would not "prevent the immorality of the latter four. Sterilization would not "permit of any one of these being discharged.

"Now take the unmarried.

"Of the higher grade ones who would perhaps be able to get a "living outside with some propping up, most of the male cases are "here for some offence, petty theft, indecent conduct, assault, etc. "Sterilization would not prevent any of this, and they must, there- "fore, still be detained. I think criminal assaults seldom produce "children, but you could not risk the real damage, mental and "moral, to the woman, and allow these men out, just because there "would be no risk of children if committed by a sterilized defective "at large.

"With the female higher grade patients, by the time you have "eliminated the unstable psychopathic women, the promiscuously "immoral, the persistent thieves, and the epileptic, there are not "many left who are quiet, well-behaved, and harmless, and who "would go out, but for the fact that some of them may have had "an illegitimate child already, and in others you fear they may "if they go out.

"The demand for beds is so insistent and the shortage so great, "that now-a-days a well-behaved high grade defective stands little "chance of getting into an institution at all.

"It seems to me that it can only be the quiet well-behaved "defectives able to earn a living, and yet like most defectives liable "to have an illegitimate child because they can be overpersuaded "to anything, for whom there can be any question as to whether or "not sterilization would enable you to send them outside the "institution, and these would be chiefly females.

"If a male defective is well-behaved and so high grade that he "can earn his living outside, and is presentable enough and per- "suasive enough to get a normal girl into trouble, there is to my "mind a reasonable doubt if he should be certified at all. He, "therefore, would not be sterilizable.

"Taking all these things into consideration I personally feel that "the number of defectives now detained in institutions who could "be discharged merely by reason of sterilization, cannot be put "higher than three to five per cent., and probably the smaller figure "is the more correct of the two.

"P.S.—If it be said that my opinion is probably distorted "because I have considered only cases already in an institution, I "think the answer is :—

"Firstly : This institution is not like most institutions taking "urgent cases from all over England. We take cases only from "the Eastern Counties, a limited specific area, and already have in

"the institution ·63 cases per 1,000 of the population we are to cater "for. We thus have a much fairer sample, but I still know of many "cases in our area that ought to come in if we have the beds. I "mean cases that still ought to come even if they were sterilized.

"Secondly: Even if all defectives now outside were sterilized, "it would not affect the fact that our area *has* needed accommoda- "tion in institutions for ·63 per 1,000 of the population, and that this "number would only in my opinion have been reduced by 3 per cent., "if they had been sterilized, and that we still need many more "beds to take really urgent cases, urgent whether sterilized or not."

This letter is, in our opinion, a fair statement of the position—it does not deny that sterilization would facilitate discharge in a small percentage of cases, but it shows that the number discharged would have little or no effect on the necessity for Colony provision. Whether voluntary sterilization would be accepted by defectives and their parents, whether it would be sanctioned by public opinion and Parliament, whether it would increase the health and happiness of those sterilized, are questions which call for careful study and investigation. The aspect of the question which is most frequently emphasized is the economic one. To this we think undue weight is being given, for sterilization would not obviate the need for supervision and industrial training, and the number for whom it would render institutional provision unnecessary is greatly exaggerated.

3. Ascertainment.

Section 30 (*a*).—As year by year there is a gradual improvement in methods of diagnosis of mental deficiency and an increased knowledge of the social importance of the early recognition of the mentally defective, so year by year the number of defectives of whom the Local Authorities have knowledge is steadily increasing.

The improvement noticed last year in the activities of Local Authorities has again been maintained. At the close of 1925 the number of defectives reported to Local Authorities was 55,480 or 1·46 per 1,000 of the population; while at the close of 1926 the number was 60,234 or 1·59 per 1,000, an increase during the year of 4,754.

The paragraphs on the question of ascertainment in last year's Report have been the subject of a good deal of useful discussion between our Board and various Local Authorities, and we take this opportunity of elucidating various misunderstandings that have arisen in the past. Every year our Board ask for a return of the numbers of defectives under various headings from each Local Authority, and it has become evident that the form on which this return has been made has not always been understood. It has been interpreted and filled in by some Local Authorities differently from others—thus to some extent vitiating the general statistics obtained. To obviate this we slightly altered the

form for January 1st, 1927; but, although we have reason to suppose that some of the discrepancies of the earlier returns are now corrected, the form will be further amended for 1928 with a view to securing a common basis for the returns.

It may be well to mention the chief sources of error.

In the first place the word "ascertainment" has been used both by our Board and by Local Authorities in two senses—(1) "Ascertained" as "subject to be dealt with" under the Mental Deficiency Act and (2) ascertained in the ordinary sense of the word, which may be interpreted "found to exist in the particular area." To correct this, the new form divides the figures into two distinct groups namely—

(*a*) Number of defectives "subject to be dealt with" (numbers given on 1st January, 1927—35,167).

(*b*) Number of defectives who may become "subject to be dealt with" (numbers given on 1st January, 1927—25,067).

It must be understood that (*b*) includes all cases of mental defect which have been reported to the Local Authority from any reliable source. The figures given under this heading, although perhaps not strictly accurate, are yet a helpful guide towards obtaining knowledge of the incidence of mental defect and in estimating the future provision that will be needed in each area for the care, training, and control of defectives. These cases may at any moment be rendered "subject to be dealt with" by a change of circumstance, such as death or illness of the parents or the development of anti-social tendencies on the part of the defective; and a certain proportion will inevitably sooner or later fall within the provisions of the Mental Deficiency Act. Unless the Local Authority has knowledge of the defectives reported under (*b*), their obligation to ascertain what persons are "subject to be dealt with" under the Act cannot be fully carried out.

Another source of error has been that some Local Authorities have reported cases of feeble-minded children between the ages of 7 and 16 who do not come within the purview of the Mental Deficiency Act. This year an effort has been made to ensure that such cases should be excluded, and further steps will be taken next January to prevent the recurrence of this misunderstanding in filling up the form. It may, however, be said that this error has not materially affected the general conclusions drawn from the figures in last year's Report, but has only altered the ratio per thousand in some instances.

The extraordinary variation as shown again this year in the returns from different districts has once more given rise to serious consideration, and to much interesting and helpful discussion. While recognizing that there is probably a real difference in the incidence of defect in various neighbourhoods, we adhere to our opinion that in districts which merge into one another geographically, and where the social, racial and industrial conditions are the same, it is more probable that the marked variations

are caused by differences in the Local Authorities' methods, and in the persistence with which they carry them out, than by any great variation in the incidence.

Another source of variation may be found in the varying activities of the Poor Law Authorities; for instance London, according to the Local Authority's return, shows 1·95 per thousand, but when it is remembered that there are some 5,000 patients in the Metropolitan Asylums Board's Institutions, a large number of whom are defectives maintained by the Poor Law, it will be recognized that the true incidence of defect in the London area is probably much higher than the return of the Local Authority shows. This condition may obtain in certain other areas where the Guardians have established large institutions for defectives. It must not be forgotten that the Local Authority cannot include cases maintained by the Poor Law in their returns.

Again, the types of the population in certain neighbourhoods may account for differences. It has been pointed out by the Local Authorities of some seaside County Boroughs, that their inhabitants consist largely of families who, though they may have defective children, never need public help in supporting them. Such cases may never become known to the Committees for the Care of the Mentally Defective.

A further cause of variation in the numbers reported is probably the activity or inactivity of the Local Education Authority. It cannot be too often pointed out that the efficient working of the Mental Deficiency Act depends fundamentally on the efficiency with which the provisions of Part V. of the Education Act are carried out. The ascertainment of mentally defective children between the ages of 7 and 16 is left in the hands of Education Authorities who are required to notify to Local Authorities those who are idiots and imbeciles, and those who on leaving special schools are in need of further care either under Guardianship or in institutions. Unless this duty is carried out very large numbers of defective children are not ascertained until they have suffered from cruel treatment and neglect or committed some crime, often not until they are married, when the strain of parenthood reveals their inability to cope with the duties of family life. The provisions of section 2 (2) (*a*) (*b*) were intended to provide a means of protective and preventive care for these children, and a method of passing them on from one Authority to another. Without notification by the Local Education Authority to the Local Authority, there exists a fatal gap in the community's scheme for the continuous care of the mentally defective. It will be sufficient to say that during 1926 in eleven areas not a single case was notified by Local Education Authorities; in ten other areas only one case was notified; in eight others only two and in ten others only three.

Even taking all these matters into full consideration, the very low numbers reported in certain districts need further explanation and point to the advisability of renewed endeavour on the part

of some Local Authorities. Although the incidence of defect may vary in different areas, we have reason to believe that it never falls as low as the figures given by a large number of Local Authorities.

The following 29 Local Authorities report the highest numbers and it will be seen that none of them fall below two per 1,000.

Rutland – –	5·12	Soke of Peterborough	2·45
Devon – –	4·41	Dewsbury – –	2·38
Somerset – –	3·97	Essex – – –	2·34
Bath – – –	3·42	Gloucestershire and Gloucester C.B. –	2·34
Oxford City – –	3·40	Burton-on-Trent –	2·31
Plymouth – –	3·40	Leicester C.B. –	2·28
Ipswich – –	3·33	Dorset – – –	2·26
Lincs. (Lindsey) –	2·99	Derbyshire – –	2·25
Cornwall – –	2·85	Middlesbrough –	2·18
Suffolk, East and West – –	2·68	Reading – –	2·18
Wilts – – –	2·68	Middlesex – –	2·04
Nottingham C.B. –	2·66	Bristol – – –	2·03
Cambs. – –	2·58	York City – –	2·02
Cardigan Co. –	2·56	Southampton Co. –	2·00
Warwick Co. –	2·53		

The eleven Local Authorities who report the lowest numbers, all below 0·50 per 1,000, are :—

Newport C.B. –	0·45	Hunts. – – –	0·29
Carmarthen Co. –	0·41	Merthyr Tydfil –	0·26
Great Yarmouth –	0·41	Swansea – –	0·17
West Hartlepool –	0·41	West Bromwich –	0·12
Sunderland – –	0·36	South Shields –	0·03
Tynemouth – –	0·33		

In addition to the above eleven Local Authorities there were 30 others where the numbers reported were below 1·00 per 1,000; but we are glad to report an improvement, as last year the number of Authorities below 1·00 per 1,000 was 56.

We cannot add anything to what we said last year with regard to methods of ascertainment. We believe that each Local Authority should have an officer specially trained for this work, or should make use of the services of a specially trained secretary of a Voluntary Association, who can then be regarded as the servant of the Local Authority, and who thus forms a useful liaison between them and the body of voluntary workers. The smaller Local Authorities may not have sufficient work for a full-time officer, in which case it would be advisable to have a trained officer for this work and to utilize her spare time in some other department.

We should like to take this opportunity of thanking the Local Authorities who have taken the trouble to respond to our Board's invitation to come and talk over the administration of the Act and to say that we have found these talks most suggestive and helpful.

4. Supervision.

Section 30 (*b*). The number of cases under Statutory Supervision on 1st January, 1927, was 16,143, an increase of 410 on the preceding year. There was also an increase of 1,214 cases under Voluntary Supervision, the number on 1st January being 18,063.

The increase in the number under Statutory Supervision is smaller this year than last, the increase being 2,186 on 1st January, 1926, and 410 on 1st January, 1927. It is difficult to see why more Local Authorities do not make fuller use of this inexpensive method of care. There is no doubt that Supervision, if properly carried out, affords, at any rate for a time and for certain cases, a fair measure of protection. It keeps the Local Authority in touch with defectives who may at any moment become urgent cases for Colony care. We regret to observe that 18 Local Authorities have not dealt in this manner with a single case, and that seven others have less than five cases under Supervision.

The returns show that no action has yet been taken in 756 cases which have been notified by Local Education Authorities, or in 830 cases otherwise "ascertained." As all these cases are subject to be dealt with, we are of opinion that they should be put under Supervision until a decision can be arrived at as to whether they should be placed under Guardianship or whether they need Colony care.

Some authorities have told us that they have not adopted Supervision as they consider it practically useless. At the same time they have not sufficient institutional accommodation even to meet their most urgent needs. Under these circumstances it seems to us wiser to use, and to improve as far as possible, the method of Supervision.

We desire to state shortly the principles by which we believe Supervision might be rendered far more effective.

1. By securing specially trained officers whose first or sole duty shall be the ascertainment and supervision of defectives.

2. By monthly, and in certain cases even more frequent, visitation.

3. By encouraging attendance at Occupation and Industrial Centres, and by introducing home training where possible.

4. By restricting Supervision to cases where the defective and the home are of a suitable character.

This last principle is at present rendered difficult to adopt owing to the lack of Colony accommodation, which leads to the placing of some defectives under Supervision who can only be adequately treated in a Colony. It should, however, be remembered that defectives in unsuitable homes could be removed to Guardianship in suitable surroundings.

5. Occupation Centres and Industrial Centres.

Ninety-six Occupation and Industrial Centres have now (March, 1927) been established by Voluntary Associations and three by

Local Authorities. Sixteen have been opened during the year, The number of defectives reported as attending on 1st January. 1927, was 1,266, an increase of 109 over last year.

The important part played by Occupation and Industrial Centres in the care and treatment of defectives living in the community, as regards training, employment, and supervision, is now becoming more generally recognized.

The Occupation Centre aims at training low grade children and adults in good habits, self-control and obedience, and at developing to the utmost their limited capacity to lead useful lives. The Industrial Centre provides training and remunerative employment for adults who are unable to compete with normal people in the open market, but who can work under skilled supervision and contribute to their own support if employed at suitable trades, such as cobbling, chair-caning, needlework, etc.

In both types of Centre the training and employment provided prevent mischief and idleness leading to more serious forms of trouble ; add to the usefulness and happiness of the defectives' lives ; and in many cases obviate the need, at any rate temporarily, for institutional care. Both types of Centre are also of great value as a means of rendering more effective the supervision of defectives living in their own homes. A friendly relationship is established between the parents and the Supervisor, who has her class under constant and intimate observation and who is often told, or is able to detect, early signs of trouble in a way that is not always possible for a visitor paying a monthly visit to the home. Attendance at Centres is recognized as a method of supervision and Voluntary Associations receive grants from the Board of Control and from Local Authorities for their upkeep.

It should be borne in mind, however, that Day Centres are essentially for defectives living in good homes and for those who can be taught to conform to ordinary social requirements. If their behaviour or their home surroundings become such as to render their removal to an institution desirable, they cease to remain suitable cases for this form of treatment and the Local Authority should at once be informed.

A summary has been made from the reports on the 79 Centres that have been most recently visited by members and officers of the Board, which emphasizes the need for improvement in certain directions indicated in last year's Annual Report.

Numbers and Attendance.—In these 79 Centres, of which 58 are Occupation Centres, 16 Industrial Centres and 5 Occupation and Industrial Centres—

The maximum number of places is – – – –	1,670
The total number on the registers is – – –	1,266
The total average attendance is – – – –	808
18 Centres have an average attendance of under 6	
37 ,, ,, ,, ,, ,, of 6 to 12	
24 ,, ,, ,, ,, ,, of 12 and over.	

These figures show firstly that the total average attendance at these Centres is low, being only 63·8 per cent. of the total number on the registers; and secondly that 55 or more than two-thirds of the individual Centres have an average attendance of under 12. The poor attendance is to be accounted for chiefly by the lack of sufficient guides or other arrangements for bringing the children to and from the Centre and by the long distances that some of them have to come. It is also probable that in some places the parents do not realize the importance of sending their children regularly. Every effort should be made to get over these difficulties and also to increase the numbers on the register of the smaller Centres. Whilst recognizing the benefit derived by individual children in the small Centres, we feel that it is very doubtful whether the expenditure of public money, where the average attendance is below six, is justifiable.

Number of Sessions.—17 Centres are open for 1 or 2 sessions weekly; 32 for 3 or 4; 24 for 5 or 6; and 6 for 10 or 11.

Daily attendance at Centres is very desirable and it is to be hoped that, as they develop, all Centres will open for at least five sessions weekly. If it is possible to include a simple meal, this will be found to have an educative and beneficial effect on the children.

Accommodation.—The accommodation is good in 51 Centres, fair in 16 others, and in 7 was found to be inadequate for proper training and recreation.

Payment for Attendance.—Particulars have not been given as to methods of payment in all the Industrial Centres. Wages varying from 1*s.* 6*d.* to 7*s.* 6*d.* weekly are paid to the men in one Centre. In the majority, a payment of 1*d.* or 2*d.* weekly is made for regular attendance and a percentage of the cost of each article made is given to the maker.

Training.—In 23 Centres the training is found to be excellent, in 47 it is satisfactory and in 7 unsatisfactory.

Qualification of Supervisors.—Twenty-seven have received training through the Central Association for Mental Welfare; 15 have had experience with defectives in institutions or Special Schools; 14 hold teaching qualifications under the Board of Education; 9 handicraft teachers have trade qualifications; 17 have had no special training or experience; 9 are not described as trained or untrained.

Six of the seven unsatisfactory Centres are in charge of Supervisors who have no special qualifications; whilst, in 22 out of the 23 where the training is described as excellent, the Supervisors are either experienced or have been specially trained for the work.

Although an individual untrained Supervisor with exceptional gifts may occasionally be found able to conduct a Centre on satisfactory lines, the above figures confirm the urgent need for giving Supervisors facilities for training in this highly specialized form of teaching. In the Centres where the less successful work is being carried on, the cause is as a rule to be found in the failure of the Supervisor to realize the capacity and limitations of the children or to understand the real aims of training.

6. Guardianship.

Section 30 (*d*).—We are glad to record an increase in the use of the powers given to Local Authorities under this Section. The number of cases under guardianship on 1st January, 1927, was 874, an increase of 273 on the number for the previous year ; 40 Local Authorities, however (out of a total of 124), have not a single case under Guardianship, while 34 others have only one or at the most two cases.

This large increase is no doubt due to the new power given under the Mental Deficiency (Amendment Act), 1925, enabling a defective to be removed from an institution and to be placed under Guardianship. While recognizing fully the benefit of this new provision we wish to ask Local Authorities to exercise the greatest care and caution in the choice of cases for Guardianship and the choice of guardians to whom they are sent. Our inspection of cases under Guardianship leads us to think that sufficient consideration is not always given to these two aspects of the question. We realize that great difficulty is often experienced in finding guardians with the intelligence, character, knowledge, and sympathy required in the management of defectives. Special caution is in our own experience needed in placing defectives under the Guardianship of their parents. Occasionally the parents possess the necessary qualities, but more often they are quite unfit to give proper care, training and control to their defective children. These parents are sometimes themselves of defective or of low intelligence ; even more often they are neurotic and unbalanced. Sometimes they have created the environment in which the defective has become unmanageable, and to return a defective to their care means a renewal of the troubles which led to the necessity for institutional treatment. By turns too strict and too weak, they rouse resentment in a defective who does not realize that, though he has the body of a man, he has only the mind of a child. He sees his younger brothers and sisters receiving more liberty than he is allowed and this he resents, and a feeling of antagonism is created towards his parents. This does not occur with a wisely chosen guardian who treats him as a patient and not as a son. Other parents refuse to recognize, or are incapable of recognizing, the mental deficiency of their offspring and give them full liberty, which in the absence of self-control, leads to anti-social conduct.

Unless a Local Authority has adequate knowledge that the parent possesses the necessary tact and judgment, we strongly recommend that the defective should remain in an institution until the right kind of guardian can be found.

The search for suitable guardians should be organized and not left till urgency arises. There are various ways of doing this. It can be made the duty of the Ascertainment and Supervision Officer to report, for the Local Authority's approval, a list of suitable guardians; or a Guardianship Society can be formed on similar lines to those already in existence, namely, the Guardianship Society (Brighton) and the Central Association for Mental Welfare's Guardianship Society in Hertfordshire. A similar organization has been started by the Voluntary Association in Devonshire, and we are glad to hear that the Voluntary Association in Kent is considering another. We feel that some such plan should be set on foot in every district, as in the majority of cases we deprecate strongly sending defectives far from their own counties and from the Local Authority responsible for them. It will be seen that, so far, the northern counties are without any organization of this kind.

7. Discharge and Licence.

The wisdom of discharging patients from institutions can only be tested by following up their after careers, and the attempt to investigate the results of discharge, which was started in 1923, has therefore been continued. Reports have been received during the year on 124 cases discharged in 1925, of whom 94 are high grade and 30 low grade cases.

The Table on p. 55 is based on reports received after one year on high grade cases only, discharged in four consecutive years, and shows the percentage of failures, successes and doubtful cases in each year's discharges.

The definitions of the terms used in this Table, as in former Reports, are as follows :—

Failures.—Under this heading are included cases whose history has proved them to be a danger to themselves or to others through lack of adequate care and control.

Doubtful cases (*care and control sufficient at present*).—This class includes those who are at present living in surroundings where their mental condition is understood and allowances are made for their behaviour, and whose apparently satisfactory condition may be attributed to suitable surroundings rather than to their capacity to stand alone. All have shown through past or present behaviour the need for some form of permanent protection, and, although since discharge no tangible trouble has occurred, all

evidence points to future failure if the existing insecure support and shelter were withdrawn. Therefore they cannot yet be ranked amongst successes or failures.

Successes.—Under this heading are included only those cases who have shown themselves socially and economically capable of independence.

First year Reports on high grade cases discharged in four consecutive years.

	1922.	1923.	1924.	1925.
	106 discharges.	90 discharges.	98 discharges.	94 discharges.
	Per cent.	Per cent.	Per cent.	Per cent.
Failures – –	24	33	31	16
Doubtful – –	54	39	55	55
Successes – –	12	11	7	14
Not traced –	10	17	7	15

The most noticeable change in the classification of the cases discharged in 1925 is the decrease in the percentage of failures. The numbers are so small that it is impossible to attribute any significance to this change until it is seen whether the decrease is maintained in the cases discharged during the next few years.

Of the 94 high grade cases discharged in 1925, 15 have been classed as failures, 52 as doubtful (i.e. care and control sufficient at present), 13 as successes and 14 as not traced.

(1) *Failures.*—Of the 15 failures :—

2 have been convicted of indecent exposure or assault.

3 have been brought before magistrates for various offences.

1 has had an illegitimate child in a Poor Law Institution after leading a life of prostitution.

1 has married.

2 have been re-certified under the Mental Deficiency Act.

3 have behaved unsatisfactorily in their homes.

3 are living in bad home conditions.

The following examples taken from the failures show the ways in which individual defectives have proved a danger to themselves or to the community since discharge.

A., a man of 23, formerly at an Industrial School and dealt with under section 8 of the Mental Deficiency Act at the age of 16 after being charged with larceny. After $2\frac{1}{2}$ years in an institution,

during which time he was constantly escaping, he was sent on licence to his parents. Reports state that at the age of 18 to 19 he sometimes earned from 6s. to 15s. weekly but was generally out of work. At the age of 21 he was discharged as normal. A year after discharge he is stated to be living at home with his parents ; his father is out of work ; there are three children of school age, five above school age of whom three are unemployed. A. has himself been unemployed for more than a year, and has recently been imprisoned for one month for stealing. He has several times gone on tramp, returning in a dirty condition. The parents do not exercise sufficient control and he is easily led by undesirable companions.

B., a girl of 23, feeble-minded of the neurotic type, weak in memory, initiative and judgment. Before certification under the Mental Deficiency Act she had been in various Salvation Army Homes and Refuges, but was unable to adapt herself to training. She was very troublesome and bad tempered and nothing could be done with her. At the age of $17\frac{1}{2}$ she was found to be beyond her parents' control, and was certified under the Mental Deficiency Act. The institution reported that she was fairly bright, able to read and write and worked well in the shops. After $3\frac{1}{2}$ years she was discharged by the Visitors at the age of 21. A year later she was again dealt with under the Act. From the time of her discharge she gave her father great trouble by her violent temper and bad language, and by annoying the neighbours in the street. On occasions she threw stones and bricks at the door. She was totally unable to look after herself or to behave decently.

C., a man of about 31, feeble-minded, unable to read or write, twice convicted for indecent exposure. After 14 months under the Mental Deficiency Act he was discharged owing to the opinion of the Medical Officer in the Special Report and Certificate. A year later he was again convicted for indecent exposure and sentenced to three months' hard labour ; while in prison he was re-certified under section 9 of the Mental Deficiency Act.

(2) *Doubtful cases.*—As we pointed out last year, this group must be large during the first year after discharge.

The following is an example of a man whose mentality and past history show him to be permanently incapable of looking after himself and his affairs, but who is able to earn good wages at unskilled work under special conditions and supervision.

D., a man of 25, feeble-minded, unable to read or write and incapable of work except under supervision, but not troublesome. He was at a Special Industrial School under the Children Act and was transferred to a certified institution under section 9 at the age of 16, as his home conditions were stated to be unsatisfactory. Five years later, when his brother-in-law applied for his discharge, the institution reported that D., though definitely feeble-minded, was a well behaved lad, and as the reports on the home conditions were favourable he was sent on licence to the

care of his brother-in-law. He obtained work as a stoker with a Gas Company, and as he kept this work and the progress reports remained favourable he was discharged after 21 months' licence. A year after discharge the report states that he is still in the same employment and that his character, conduct and health are good. It appears probable that, so long as he remains under the care and supervision of his sister and her husband, he will do well; but should he leave them, or if for any reason they could no longer look after him, it is very doubtful if he would be able to maintain himself or keep out of trouble.

(3) *Successes.*—The great majority of the thirteen cases ranked as successes in 1926 after one year's discharge are drawn from the high grade unstable class of defectives. In former years it has been shown that this class contains the highest percentage of failures as well as successes. This points to the desirability of providing full opportunities for testing the capacity for independence of patients of this type who show improvement. We believe that if a preliminary period of licence were more often granted in order to test the permanency of the improvement the percentage of failures amongst the discharges might be considerably reduced.

The following is an example of a case classed as a success:

E., a man of 23. Dealt with under section 8 of the Mental Deficiency Act at the age of 17 after being charged with larceny. He was then said to be abnormally ignorant and stupid and to be unable to understand money or to do simple arithmetical problems. His mother had been three times in a mental hospital and there is a family history of insanity and epilepsy. After he had been two years in an institution his parents applied for his discharge, and, as the Medical Officer reported well of the boy and the home report was satisfactory, he was sent on licence to the care of his parents. Progress reports were consistently good and finally stated that he was working as a carpenter, earning 50*s.* a week. His mental condition had much improved. He was therefore discharged after being two years on licence. A year after discharge the report says that he is employed by a firm as carpenter earning £3 15*s.* a week. He is a proficient workman and is entrusted to do responsible jobs for his master outside the locality. His character and conduct are good.

The general question of providing care for defectives living in the community, whether on licence, under guardianship or under supervision, is now everywhere under active consideration and it may be useful to formulate some provisional conclusions to which experience appears to point.

Licence.—The principal use of this form of care is to test the ability of patients in institutions to live outside without harm to themselves or to the community. Suitable cases are those who, in the course of several years' training, have established good habits

and some measure of self control ; who have not recently displayed erotic, unstable or violent tendencies, and who, in the higher grades, have been trained to do some useful work. In all cases satisfactory environment is essential. Licence may in a few cases lead to discharge and in others to guardianship under the Act, or to some form of supervision.

Guardianship.—This form of care is of use for higher grade defectives who, whether on licence, in institutions or elsewhere, have shown themselves able to live safely in the community, but who require some measure of support and control. It may also be used for low grade cases as an alternative to institutional care or supervision where the home conditions are good or where suitable Guardians are available, and may be found useful in those cases where a small regular payment enables parents to provide proper care for the defective at home.

Supervision.—Supervision provides for the regular friendly visitation of defectives and ensures reports being sent to the Local Authority in the event of conditions and requirements changing so as to render institutional care or guardianship desirable.

In considering whether licence, guardianship or supervision will provide suitable care for individual defectives the following points should be taken into consideration :—

(1) In the case of a high or medium grade defective, full information should be obtained as to his past history and the cause of his being brought under the Mental Deficiency Act, his temperament, moral characteristics and behaviour, his capacity to work, and as to the possibility of his procuring suitable work.

(2) In the case of a low grade defective where the main considerations are his comfort and happiness, the investigation into his history should include knowledge of his bodily condition, his habits and health and the amount of nursing he requires.

(3) In both high grade and low grade cases, information is required as to the suitability of the conditions under which the defective will live, and as to the means of care and control that will be available in accordance with Regulation 239. The guardian should be fully informed of the nature of the responsibility he is undertaking. Information is necessary as to the guardian's capacity to understand the defective's limitations and to supervise his activities and amusements.

(4) Defectives under these methods of care should be regularly visited by an experienced visitor ; any tendency to form friendships likely to lead to marriage or to the procreation of children should be reported at once so that the necessary steps may be taken by the Local Authority.

In conclusion, experience shows that the principal factors in deciding whether non-institutional care will prove an adequate protection appear to be the character of the defective, the nature of the parent or guardian and of the home surroundings, and the efficiency of the supervision provided.

8. Defective Children and Young Persons in Mental Hospitals.

In our Report for 1924, we said :—

" . . . . It is the policy of the Board to advise Local Authorities gradually to withdraw from Mental Hospitals all defectives, beginning with children and young persons. The Mental Deficiency Act has provided the necessary procedure in section 16. Want of accommodation for Mental Defectives will render the carrying out of this policy a slow process ; but, when the Councils to which both Statutory Committees are responsible are considering the expense of providing new accommodation, it should not be forgotten that the Mental Hospitals would benefit by the extra accommodation available on the withdrawal of defectives. If it is desired to make Mental Hospitals suitable places for nursing recoverable cases, the presence of congenital defectives who are frequently abnormal in appearance and disagreeable in habits must be undesirable. It is also the fact that there are only a very few Mental Hospitals who have made any definite arrangements for the teaching and training of defectives."

At that time there were 700 children under 15 in Mental Hospitals as well as a large number of young defectives over that age. In order to gain some idea of the extent to which the practice of certifying defectives under the Lunacy Acts still obtains, we have examined the admissions to County and County Borough Mental Hospitals during the year 1st May, 1925, to 30th April, 1926, of persons under the age of 25, and as the result of our examination prepared the following Table, showing the types and ages of the cases.

Both the types and the opinion expressed as to the possibility of the patients responding to training must be regarded as only approximately correct, as the certificates and admission forms do not give sufficient information to enable exact statements to be made. One patient at different times may be styled Idiot, Imbecile or Feeble-minded, and the estimate of trainability has to be based chiefly on the knowledge of what can be expected of the various types. We have, we believe, taken an under rather than an over estimate of trainability in such matters as cleanly habits, obedience to command, capacity to feed, wash and dress themselves, and to engage in simple manual exercises, occupations and employment.

Age—Groups.		Type of defect.						Epileptic.	Possibilities of training.	
		Idiot.	Imbecile.	Feeble-minded.	Moral Imbecile.	Encephalitis Lethargica.	Doubtful.		Trainable.	Untrainable.
Under 10	M. –	14	24	1	—	—	—	13	28	11
	F. –	9	9	1	—	1	1	4	16	5
10–14 –	M. –	8	22	7	1	3	1	12	32	10
	F. –	6	12	3	—	2	3	8	21	5
15–19 –	M. –	7	13	23	2	3	12	13	44	16
	F. –	3	16	24	2	1	10	11	47	9
20–24 –	M. –	1	5	5	3	—	—	2	9	5
	F. –	—	1	5	—	1	2	1	8	1
TOTAL –	M. –	30	64	36	6	6	13	40	113	42
	F. –	18	38	33	2	5	16	24	92	20
	T. –	48	102	69	8	11	29	64	205	62

Idiots (48). It is probable that of the 48 idiots, the majority are trainable in cleanly habits and capacity to feed and dress themselves. They need very careful nursing and constant attention. We do not think they can be properly placed in the large wards of Mental Hospitals, where they must be a nuisance to quiet chronic insane patients and a serious drawback to the recoverable case. They are often repulsive in appearance, very noisy and offensive. Further, the presence of one or two helpless idiots in a ward must be a great tax on the time that a nurse can devote to her other patients. It will be seen that the largest number of idiots is in the first age group, i.e., under 10, which seems to indicate that such patients have become an intolerable burden on a working mother.

Imbeciles (102). This is the largest group of all, and here again it is probable that the majority would respond to training. There is not much difference in the number of admissions in the first three age groups, but it is noticeable that only 6 out of the 102 are over 20 years of age.

Among this type a large number are restless and noisy, and they must often be a trial to the elder patients with whom they are frequently warded. There can be no doubt that children are not being appropriately dealt with if allowed to remain in wards with the adult insane; the possibilities for corruption and malpractices are obvious, especially in male wards. There may be less active harm in leaving girls in the women's wards, but here they are likely to suffer from the lack of the companionship

of children of their own age and from the varying and sometimes violent tempers and obscenities of insane women. It is true that some of the elder women take an interest in and are kind to the children, but this does not compensate for the lack of suitable and regular training, for organized drill, games and occupations, which are productive of much improvement and increased happiness for this type and which can be obtained in a well organized and classified Home or Institution for defective children.

Feeble-minded (69) and *Doubtful* (29). In marked contrast to the imbecile types, it is seen that there are only 12 admissions in the feeble-minded group under the age of 14, while between the ages of 15 and 19 there are 47 admissions, and above that age only 10. Approximately the same age distribution will be found in the group of "Doubtful" cases, 22 out of 29 having been admitted when aged 15 to 19. The cases which we have placed in the "Doubtful" group are those where the papers indicate mental disorder but where there is no evidence of underlying mental defect, though in some cases it is possible that if the early history of these patients were obtainable such would be found to be the case.

It is interesting to note that with both the feeble-minded and those classified as "doubtful" the age period 15–19 seems critical, and that it is at this period that marked aberrations of conduct lead to the necessity for institutional care. This aspect of the problem would, we think, well repay careful investigation. It is possible that suitable and continuous care of feeble-minded and mentally abnormal children leaving school at 14 might carry them over this critical period and prevent the emotional storms, erratic conduct and mental breakdown which appear to have necessitated certification.

If and when the acute symptoms of mental disorder manifested by feeble-minded cases subside, steps should be taken to secure their transfer to a training institution for the mentally defective, for they need the companionship of their equals both in age and mentality and they also require definite training, organized games, recreations, and regular employment.

Moral Imbeciles (8).—These constitute a very small group and could probably have been included in those designated "feeble-minded." They generally display but little intellectual defect, and the above remarks as to the unsuitability of detention in Mental Hospitals apply even more strongly to this type, unless they are for the time being suffering from mental disorder.

Encephalitis Lethargica.—We consider that children and young persons suffering from the after effects of this disease would be better treated in institutions for the mentally defective. Experience seems to indicate that some at any rate of the "Apache" type can be helped by careful discipline and training to recover their self-control, and here the influence of a trained

teacher in an institution for defectives and the regular orderly effect of school life is invaluable. For those children of the Parkinsonian type the amusements and amenities of a properly equipped institution for mental defectives would afford more chance of happiness than the wards of a Mental Hospital chiefly inhabited by the chronic insane.

Some few Mental Hospitals have special wards for children, and one or two have established some definite teaching and training. These are efforts in the right direction, and are doing very useful work; but at the same time, glad as we are to see something of this kind done for the children, we wish to point out that such care and training is the duty of the Mental Deficiency Authority and that it is not to the advantage of the Mental Hospital to undertake this work. Mental Hospital accommodation is becoming short all over the country, and if the young and trainable defectives could be removed the existing accommodation could be utilised for the insane for whom it was provided and for whom it is more suitable. In addition to this, such a plan is only possible in Mental Hospitals which provide for a very large population. In the great majority of Mental Hospitals there are never enough children to make separate treatment possible without great waste of beds.

It is also a duplication of services leading to serious overlapping, for the Mental Hospital Committee and the Mental Deficiency Committee will by such duplication each require teaching and training schools for mental defectives. It should be remembered that the majority of mentally deficient persons for whom the Local Authority must provide can never be certified under the Lunacy Act, and that while teaching and training of children is a work of supererogation for Mental Hospitals Committees, it is the statutory duty of Mental Deficiency Committees.

9. Training of Staff for Mental Deficiency Institutions.

As new institutions will, we hope, be gradually springing up throughout the country, the difficulty of obtaining a suitable and trained staff will become a question of even greater importance than it has been in the past, and we have been greatly exercised in our minds as to how the difficulty is to be met. The nature of the work is such that unless the candidate has an inborn love of children, and all defectives of whatever age are in reality children, he or she will never be permanently suited to the duties.

In addition to this primary qualification, which should not be difficult to obtain, all Nurses and Attendants in large institutions need to be taught the elementary principles relating to the care and treatment of the mentally defective and should be given the

opportunity of attaining special proficiency in one of the four main departments of institution life :—

Nursing the sick.
Training and teaching defective children.
Industrial and occupational training of adult defectives.
Recreational training, physical drill, games, dancing, music, etc.

It is believed that a recognized scheme of training on these lines, carrying with it the possibility of promotion, would increase the efficiency of the staff both by improving the quality of their work and by attracting to the service an intelligent class of man and woman willing to take up mental deficiency work as a career.

The whole question of staff training is now under the consideration of a Committee of the Royal Medico-Psychological Association, with which are associated members of our Board, and it is to be hoped that as the result of their deliberations a system will be introduced in which training in one or other of the above subjects will form part of the examination whereby the student obtains a certificate of proficiency.

More cannot be said at the present time, but we shall continue to give the subject our attention and we hope that Local Authorities and others interested will keep the above qualifications in mind when appointing members of a staff.

10. Numbers under Care.

The summary of the mentally defective patients appears on the following page. They numbered on 1st January, 1927, 38,882 (males 19,144 ; females 19,738). We have for the first time included in this total the cases under statutory supervision, which numbered 16,143 (males 8,511, females 7,632).

During 1926 there were increases of 68 in State Institutions, of 576 in Certified Institutions, of 663 in Poor Law Institutions approved under Section 37, of 7 in Certified Houses, of 51 in Approved Homes, of 292 among those under Guardianship or Notified, and of 410 under Statutory Supervision, making a total increase of 2,067 patients under care.

Summary of Mentally Defective Patients resident in Institutions and under Guardianship on 1st January, 1927.

Where maintained.	Received under the Mental Deficiency Act, 1913.									Received outside the Mental Deficiency Act, 1913.			Total of all Mental Defectives in Institutions and under Guardianship.		
	Under Orders (secs. 5–9).				Not under Orders (sec. 3).		Total.								
	Non-criminal.		Criminal.												
	M.	F.	M.	F.	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.
In State Institutions –	78	151	241	102	6	4	325	257	582	—	—	—	325	257	582
In Certified Institutions –	3,472	4,607	961	300	1,225	765	5,658	5,672	11,330	851	1,161	2,012	6,509	6,833	13,342
In Approved (sec. 37) Institutions – – –	2,592	3,783	414	111	69	66	3,075	3,960	7,035	—	—	—	3,075	3,960	7,035
In Certified Houses –	3	17	—	—	104	124	107	141	248	2	21	23	109	162	271
In Approved Homes –	—	—	—	—	—	—	—	—	—	161	271	432	161	271	432
Under Guardianship or Notified – – –	353	511	—	—	16	16	369	527	896	85*	96*	181*	454	623	1,077
Total – –	6,498	9,069	1,616	513	1,420	975	9,534	10,557	20,091	1,099	1,549	2,648	10,633	12,106	22739†

* Notified cases (sec. 51).

† In addition to the cases in Institutions and under Guardianship, there were on the same date 16,143 cases (8,511 Males, 7,632 Females) under Statutory Supervision.

11. State Institutions.*

(1) *Rampton.*

We have received the following report from Dr. Rees Thomas, Medical Superintendent of the State Institution at Rampton :—

With the progress of building we have been able to bring into use new sections and wards, the accommodation being increased on the male side to 336 and on the female to 253 beds.

The admissions during 1926 numbered 133, of whom 63 were males and 70 females including 22 girls re-admitted from Warwick State Institution. I append a table giving the types of institutions or places from which these patients have been received :—

	Males.	*Females.*
Admitted from—		
Prisons – – – – – – –	9	3
Courts of Summary Jurisdiction Sect. 8 –	11	1
Courts of Summary Jurisdiction Sect. 6 –	2	–
Borstal Institutions – – – – –	3	–
Certified Institutions – – – –	14	18
Institutions approved under Sect. 37 – –	21	21
Mental Hospitals – – – – –	1	1
Criminal Lunatic Asylums – – –	1	–
Reformatory Schools– – – – –	1	–
Warwick State Institution – – –	–	22
Places of Safety – – – – – –	–	1
Own Home – – – – – – –	–	2
Discharged and re-admitted same day– –	–	1
	63	70

It will thus be seen that, excluding re-admissions from Warwick, 67 per cent. of our new cases are received from Certified Institutions and Institutions approved under s. 37 of the Mental Deficiency Act, 1913. The remainder are mostly drawn directly or indirectly from the Courts and usually have not previously been detained or treated in institutions for the feeble-minded. How often such boys and girls become the dupes of criminals or the victims of the unscrupulous social and sexual perverts can be inferred from the history of their associations and conduct, taken in conjunction with their behaviour after a period of residence in an institution.

They are not naturally vicious or criminal in character. Many of them are quite easily managed when they have become acquainted with the routine of the Institution and when the former irregularities and associations have for the time being ceased to be dominant impressions.

With regard to new admissions generally, I have been impressed by a change in type. Whereas in the early days of the institution the majority of admissions were boys and girls of high grade with either mental abnormality or emotional instability as a prominent symptom, during the past two years the tendency has been towards a lower level of intelligence and a more tractable mental type.

The growth of new institutions and the general education of the public in the methods of dealing with the difficult child have had a certain influence in bringing about this change. But I note on the other hand that a fuller and wider knowledge of the subject has possibly had an effect in an unexpected direction. It would seem that there is a movement towards

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* Institutions for defectives of dangerous or violent propensities established and maintained by the Board of Control under the provisions of Section 35.

a somewhat narrow interpretation of the legal definition of the moral imbecile, with the result that fewer cases are dealt with under this clause of Section 1 of the Mental Deficiency Act, 1913.

The differences of opinion between experts regarding the meaning of the definition of the moral imbecile have resulted not in greater appreciation of the value of the clause but rather in suspicion of and avoidance of it. This is all the more regrettable because of the great importance of securing the admission to and treatment in institutions of those delinquents belonging to the higher grades of mental defectives. It is possible that further legislation may lead to renewed and sympathetic attention being given to this special aspect of an important social development.

Discharges and transfers during the year number 18 males and 28 females. Two males and three females of this number became insane and were removed to the appropriate mental hospitals under Section 16 of the Mental Deficiency Act, 1913. Twenty-one females improved sufficiently to justify removal to Warwick State Institution, where they are put out to daily service if their conduct and capacities combine to make this course desirable as a method of further training.

Eight patients, two males and six females died during the year. The causes of death were Status Epilepticus (2); Broncho-pneumonia (1); Tuberculosis (4) and Intestinal obstruction (1).

No serious accidents involving injury or fracture have occurred. This has been due, I think, in large measure to the vigilance and restraint exercised by the nursing staff.

We have suffered from the usual seasonal epidemics of influenza, from the effects of which few patients have been entirely free. We are fortunate in that no cases of dysentery and typhoid fever have as yet arisen in this Institution.

Two female patients are suffering from pulmonary tuberculosis, one of whom is making an excellent recovery.

Six male and three female inmates succeeded in making their escape from the Institution. They were all recaptured within a few days. I am glad to record that the small number of escapes is not due to lack of opportunity. It has been found possible to grant parole in the grounds to considerable numbers of patients, and the added freedom has brought with it a greater sense of responsibility; and perhaps the increasing home-like atmosphere in the Institution is having an effect. When it is noted that at least 50 per cent. of our inmates have at some time escaped from this or other institutions, it will be understood that there can be at best only a partial adoption of the open-door regime.

The isolation of patients suffering from acute excitement or who are violent continues to be the most satisfactory single method of dealing with what to us is an ever-present problem. The patients themselves recognise the necessity for some means by which they can, when necessary, isolate themselves from their fellow-beings and avoid the cumulative excitement with others of similarly inflammable dispositions. It is a constant pleasure to me to hear the demand, "I want to go to my room," as it means that they have learnt to recognise their inability to deal with their own passionate natures and to know that the remedy so readily extended to them involves no humiliation.

On the female side seclusion has been used during the year on an average of 5·05 occasions per patient; the whole-day period on each occasion being only 1·2 days, a reduction of some 14 per cent., compared with the previous year.

Seclusion is less frequently used on the male side, the occasions being only ·19 and the whole-day period ·2 per patient.

Strait jackets or other forms of mechanical restraint have not been used.

The pressure on the accommodation at Rampton has been temporarily relieved by the completion of wards on both the male and female sides.

The Female Isolation ward of 15 beds intended for the noisier and more violent cases was opened in June last. This ward is interesting in many respects. As the name implies it is intended merely for patients who during attacks of excitement upset the routine of the other wards. This arrangement brings them under the care of fresh nurses and in association with different patients, so that the objects of their violence are no longer present. The periods of excitement are thus considerably reduced both in duration and intensity.

The single rooms of the Isolation ward are specially designed to prevent the conduction of sound from room to room and to the main portions of the ward. They are quite ordinary in appearance, the sound-damping filling being set between the layers of brickwork.

The new Female Block of three wards (90 beds) is now complete. The wards are arranged so that during the day the girls can use any of the several small day-rooms in each section and are not forced to congregate in one large day-room. The advantages of this plan far outweigh the disadvantages of less effective observation and control.

A section for youths, consisting of three wards for 116 patients in all, is also completed. Two of the wards are occupied and the third will soon be opened.

The extensions of the Kitchen and Laundry intended to make these departments capable of dealing with the needs of 1,000 patients are nearing completion.

On 8th November last the Bishop of Southwell paid a visit to the Institution in order to consecrate the Sanctuary and Altar erected at the North end of the Recreation Hall. The ceremony, which was attended by 90 per cent. of the patients, was most impressive. The main part of the Hall had been in use since July last.

The patients enjoyed several excellent concerts, but a cinema show given weekly during the winter months has provided more instruction and pleasure than any other form of entertainment.

The new workshop section is designed to provide small workshops separated by permanent glass partitions, so that each shop, although independent and having its own trade instructor, is under the observation also of instructors in adjacent rooms. This enables the workers to be divided into small groups without the attendant dangers consequent on the isolation of a single member of the staff. Each room on the male side measures twenty by thirty feet, sufficient to accommodate fifteen to seventeen working boys.

The work-rooms on the female side are slightly smaller.

Two of the male workshops are being used and have proved to be excellently adapted for their purpose.

Steady progress has been made with the industrial training of both male and female patients. The quality of the work is steadily improving, and in many shops which were last year not fully developed the output has shown a satisfactory increase.

Each article of clothing worn or used by patients can now be made in the Institution itself.

The weaving departments have been enlarged as the boys and girls have learnt the art of hand-weaving. Over 4,000 yards of cotton stuffs—shirting, towelling, sheeting, etc., were made during the year. Fine hand-weaving reduces very considerably the quantity of material made, but the interest of the work is far greater. Some of our lads can now weave materials with seventy hand-beaten weft threads to the inch.

In the lace department we have taken up in addition to a number of other varieties the making of Honiton lace. It is slow work but the beautiful effects obtained amply repay those girls who are interested in this art.

The quality of the leather work has improved greatly, both in the variety of design and the details of execution.

Regarding the sale of the lace, leather and raffia work, I am glad to say the demand far exceeds the supply. The girls are always happy when their work commands a ready sale. It increases their interest in the work and is a valuable aid to continuity of training.

Radical changes have been made in the organisation of the farm and garden. As we were unable to supply the whole of the milk required for the Institution, and as the care of cows provides very little employment for patients, the cattle have been sold and the farm buildings adapted to the housing and breeding of pigs. The area of ground under cultivation for vegetables has been considerably increased in order to maintain the supply of fresh vegetables for use in the Institution.

A start has been made in the establishment of a Chicken Farm. The necessary equipment for the breeding and housing of 600 laying hens has been located near the female section and promises to be an excellent additional sphere for the out-door training of our girls. As the ordinary dress is unsuitable we are now providing a special dress for girls employed on the Chicken Farm or Garden, with the result that they have become our most popular occupations and attract even those who formerly thoroughly disliked wind, rain, and the other discomforts associated with regular out-door employment.

The patients in Rampton suffer from one disadvantage as compared with those in many institutions. Our inmates are collected from all parts of the country, so it is difficult and expensive for their friends and relations to visit them at all frequently. Although in a few cases this may be an advantage, I find that the lack of visits rather tends to deprive them of one of the pleasures to which they attach great importance. This is to some extent compensated for by allowing greater freedom in letter-writing and by calling the attention of the parents to the good effects of frequent and sympathetic letters.

I am often asked whether my patients as a whole are happy. To this I invariably reply that they are ; and I believe it to be so. It may be true to say that detention is necessary and is ultimately for the good of those detained, but it does not necessarily follow that they are happy. I have often discussed this question with some of my more intelligent patients. One man I have in mind complained of his detention and would not agree that in all the circumstances of the case his own release was undesirable and would be a danger to the public. But, remarkable as it may seem, he volunteered the statement that in his view at least 99 per cent. of the patients here were properly detained, and further that he was puzzled by the apparent happiness of most of them. He could not understand why they were so keen on football, on the cinema, on concerts, on physical drill, on the broadcast football results on Saturday nights, and the hundred other diversions that an institution provides. He could not look with favour on those who took a keen and skilled interest in their work, because he said, " Why should I work when I am detained here, I will work when I get outside." He added that something should be done to make conditions better in institutions, but when asked to suggest improvements in administration or in methods of work or entertainment he could bring no single constructive proposal to the solution of his own problem, in spite of the fact that he was intimately acquainted with the patients' point of view. In spite of an often expressed opinion to the contrary, an institution, even an institution for dangerous and violent defectives, is a cheerful place.

Classification makes possible the association of like with like and mental grade with mental grade. It is hopeless to expect a moron to be happy in a ward of imbeciles any more than an imbecile would be happy where teasing is allowed to break the desirable evenness of his existence. I feel sure that at least with patients of dangerous and violent propensities the total sum of happiness accruing to them while inside an institution is far greater than that obtaining during the unequal struggle in the outside world. Here the essential problems of life are solved for them. They are clothed, housed and fed without the necessity for effort and anxiety on their own part. And in their work and play they have a pleasant sense of equality and occasional dominance because they compete with those of similar or at least of not grossly superior capacity.

But two things are missing. The freedom we all so much desire and that best of all social influences, the home life.

If freedom implies being free to enter and rob other people's houses or attack the freedom of others, then they seek privileges that are not granted to the best of citizens. If, on the other hand, we mean freedom to indulge in innocent amusement when so inclined, they are, on account of their mental disability, unable to train themselves to appreciate the true meaning of the social amusements in which they may indulge.

An exciting film becomes not merely a temporary pleasure but the basis of a plan to commit an outrage on society. And in the absence of constant care and guidance they are unable to distinguish between the realities as socially defined and the phantasies in which during our amusement hours we all indulge. When their phantasies become realities to them the inevitable result is an offence against the law. The consequences are, except in unusual cases, productive of humiliation and unhappiness with an intensity of emotion that can never obtain in an institution. Here the constant care and sympathetic control prevents the translation of phantastic plan into action, and although the patient does not experience the extremes of pleasure and pain, the total sum of happiness is far greater.

With regard to home life, one must agree that ideal home conditions with tender care, help and guidance of parents, has no counterpart in institution life. Unfortunately this ideal does not obtain in the majority of cases no matter from what class of society the defectives are drawn.

It is held by many of those experienced in dealing with difficult defectives that it is usually unwise to return patients to their own homes but rather to find for them situations in which they are free from the influences of early life. These influences are not always bad by intention. A mother recently visited her son at this Institution and after four days in company with her boy I found that she was penniless. Her plea was that she could not resist his requests for all the trifles he demanded. But investigation showed that the boy, a high grade feeble-minded lad, had given away without need or stimulus all the things he had received. As a child he had always been indulged in this way, and as he grew up he found that he could, by entreaties or threats, get all he wanted. If he failed to obtain money from his mother he invariably stole either from the home or from neighbours. It was only too evident that a strict supervision and control during childhood would have saved him many unhappy hours.

When a feeble-minded child is brought up under proper care or in an institution, such a result is extremely unlikely. This lad's training had merely taught him to prey, first on his own mother and then on society, to the obvious disadvantage of both. I could recount a hundred such tragedies associated with faulty home surroundings.

Thus it is that the call of home is not a real one, and I am convinced that, exceptions apart, the request to go home merely means a request for freedom. And if freedom does not increase their happiness we can feel that while detention of the dangerous and violent defectives is desirable in the interests of society, it is no less necessary to their own happiness and well-being.

I find that patients who are vicious and violent are not happy in the contemplation of their own weaknesses. They constantly plead to be saved from their own defects, and partly, if not wholly, realise that such help and protection can only be obtained in surroundings vastly different from those in which they have been brought up.

But such is the distorting effect of memory that most of them, after a period of good behaviour in an institution where equality is the rule, are supremely confident of their ability to make good in a world of which only the pleasant memories remain to them. For this reason, and because they tend, in an atmosphere where every accomplishment is made a subject for praise, to forget or to fail to realise their own deficiencies, we must judge for them; but always with a view to helping all of them to a complete and self-supporting freedom.

Staff.—There have been no changes in the general arrangements regarding staff, except that the opening of new wards has involved a number of promotions. The whole of the staff has tended to become stabilised, and on the male side there have been very few changes.

The junior staff on the female side changes comparatively rapidly, but as we engage only probationers for training it is natural to expect that a proportion find themselves unsuited for this particular type of nursing.

The work on the whole has been carried out admirably, and the nurses and attendants have displayed a high sense of duty in their daily work. The sympathy and forbearance with which they treat the patients has been worthy of the traditions of the Nursing Service.

No case of serious illness has occurred and only a small proportion of the ward staff suffered during the ever-recurring epidemics of influenza.

There were a number of casualties, mostly of a minor character, arising from or directly associated with violence on the part of patients. Fourteen attendants reported injuries, three being due to bites received during struggles and four with cuts and bruises on the face and lips due to direct attacks by excited and violent patients.

Of the four nurses injured, one sustained cuts on the lip and one extensive abrasions and contusions without fracture to the face and nose.

The work of training the staff by means of lectures and ward demonstrations has continued without interruption. I cannot lay too much stress on the need for careful training, more especially as some knowledge of psychology and mental disease is essential to the proper understanding of the mentality of the feeble-minded. A junior nurse tends to become impatient and intolerant of the outbursts of defectives simply because she has not the necessary knowledge to understand that the people under her care are truly irresponsible. The qualified nurse acquires a confidence in her own judgment and a sympathetic understanding which is akin to the tender emotion of the parental instinct. And this is the ideal at which every nurse and attendant should aim.

I regret that the syllabus of training does not lay more stress on the physical and industrial training of patients. This most important aspect of the work of modern institutions deserves fuller recognition by the examining bodies.

During the year 15 nurses and attendants have passed the qualifying and 16 the preliminary examination of the Royal Medico-Psychological Association. With four exceptions, every member of the staff who is eligible has obtained the certificate, the total number of certificates held being 53.

The Staff Recreation Club, established in 1920 as a social club, has continued to prosper. It is managed by a Committee elected by the staff themselves. They pay their own caretakers out of profits made from the Club shop and are able to subsidise the various sporting organisations centred in the Club itself. Already two "En Tout Cas" tennis courts have been laid down, and another tennis court and bowling green are in prospect. During the winter the usual dances, whist drives, and billiard

matches have provided entertainment. A dance promoted for the benefit of the local Nursing Association realised fifty-seven pounds. The staff football team are doing extremely well, being at the moment the leaders of the local league. A wireless set has been installed in the Club with loud speakers in the various rooms.

The staff generally make the fullest use of these entertainments and their interest in the Club is amply demonstrated by the sales during the year, which amounted to £4,000.

I cannot conclude without expressing my keenest appreciation of the voluntary work of those members of the staff who, through the Club and other organisations, are doing so much to promote well-being of all ranks.

(2) *Warwick.*

Number of patients, 1st January, 1927—	
In residence – – – – – –	48
On licence – – – – – – –	7
Escaped and not recaptured – – –	1
Admissions during 1926 – – – –	21
Discharges – – – – – –	4
Transferred—	
To Rampton State Institution – – –	23
To Certified Institutions – – – –	2
To Poor Law Institutions – – – –	3
Granted Licence—	
To situations (domestic service) – – –	2
To Certified Institutions – – – –	2
To care of parents – – – – –	3

This institution was re-opened in July, 1923, for mentally defective women of violent and dangerous propensities drafted on from Rampton. Whilst the original object was to relieve the pressure of accommodation at Rampton, Warwick has also been made use of to improve the classification amongst the women. The more hopeful cases are transferred from Rampton for further specialized training, with a view to trying to fit them for some less restricted form of life than that in a large State Institution. The Superintendent, Mrs. Newsome, is a fully trained Nurse with experience of the treatment of mental illness.

The accommodation used is part of the Warwick Prison. Forty-two patients can be housed in the old Block built for inebriates ; the old Gate House is occupied by members of the staff, the Governor's House by the Superintendent and the Chaplain's House was opened last year as a Hostel for eleven patients employed on daily work outside the institution.

The majority of the girls in the main part of the institution are employed on housework until 10 a.m., when they are drafted on to the laundry, kitchen, messrooms, garden, stores or to the workroom where they are taught needlework, stocking knitting, rug making, lace making, stencilling, leather work, cane and

raffia work, appliqué and embroidery. The lace makers are now employed for half time upon the garden as lace making was found to be exacting work if carried on for long hours. Small batches of the girls, accompanied by a nurse in mufti, go out for walks and to the cinema, concerts and other entertainments. Net-ball and tennis are played during the summer and dances and whist drives are organised regularly and are well attended by the girls as well as by visitors from the outside. Several of the girls are allowed parole and no patient from the institution has yet abused this privilege. There have been eleven escapes during the year ; with one exception all have been recaptured. The girls are allowed to wear their own clothing, which they greatly appreciate, but which facilitates escape.

The Chaplain's house has been comfortably furnished as a Hostel with eleven beds, and is managed on the lines of a Hostel for normal working girls but with additional supervision and restrictions. After holding posts of trust in the institution girls are promoted to the Hostel, first as Hostel maids and then as maids in the Superintendent's house, where they are trained in all branches of private domestic work. The length of this period of training depends on the type of girl and on the situations available outside ; the next step is daily service, followed, if all goes well, by a living-in situation on licence. All this is a very gradual process, attended by frequent set-backs, but the chance of promotion and transfer to licence or to other institutions nearer their homes has helped to eliminate the feeling of hopelessness and hostility towards all in authority.

The daily workers' off-duty time is arranged for by the Superintendent. They are allowed out alone in batches of three, and holiday leave has in some cases been arranged for in their own homes. Six of the working girls whose homes were unsuitable paid their own expenses for a short holiday at a small Home at Clacton and greatly enjoyed the change and being trusted to travel alone.

Wages vary from 6*s*. to 15*s*. weekly. One-third of a girl's wages is deducted towards her maintenance, she retains 2*s*. as pocket money, and the remainder is banked for her, partly in the Post Office Savings Bank and partly in the Institution Bank.

During the year sixteen girls have been out in situations, either living-in on licence or in daily posts. On January 1st, 1927, ten girls were going out to daily work from the Hostel and seven were away on licence. Of the latter, one was in service, two were in Certified Institutions, three were in their own homes, and one was a Hostel worker in a Catholic Hostel. Twenty-six situations have been found during the year.

One patient has been returned to Rampton suffering from phthisis, but otherwise the health of the girls has been good.

12. Certified Institutions.†

On 1st January last there were 75 Certified Institutions with accommodation for 12,894 cases.

Admissions.—The admissions to these institutions during 1926 numbered 1,664, a decrease of 237 on the number admitted during 1925. The decrease is no doubt consequent on the institutions having no longer any vacancies. The percentage sex distribution of the admissions was males 45·4 ; females 54·6. There were on 1st January, 1,791 cases awaiting removal to institutions, an increase during the year of 586.

Discharges.—The patients discharged or transferred during the year numbered 919, a decrease of 78 on the number for 1925. It should be noted that most of these are transfers, or Poor Law and other cases not dealt with under the Mental Deficiency Act, and that only about 13 per cent. of them are discharges of cases dealt with under the Act. The discharges and transfers were 7 per cent. of the average population of these institutions, as compared with 8 per cent. in 1925.

Deaths.—These during 1926 numbered 169, being 1·3 per cent. of the daily average number of patients resident ; this was 0·7 per cent. below the rate for 1925.

Under Care on 1st January, 1927.—The changes during 1926 detailed above—admissions, discharges and deaths—resulted in a population of 13,342 in certified institutions on 1st January, 1927, an increase of 576 during the year. The distribution of these cases—according to the conditions under which they were received—is as follows :—

——	Males.	Females.	Total.
Received under the provisions of the Mental Deficiency Act – – – – –	5,658	5,672	11,330
Received outside the provisions of the Mental Deficiency Act :—			
Sent by Local Education Authorities –	414	324	738
Sent under the Children Act, 1908 –	60	54	114
Sent by Poor Law Authorities – –	334	622	956
Sent by Relatives or others – – –	43	161	204
Total – – – –	6,509	6,833	13,342

It is again evident that the proportion of patients in certified institutions who are sent there under the provisions of the Mental Deficiency Act, as compared with the proportion sent by Boards of Guardians or others, *i.e.*, outside the Act, is steadily increasing :—

† A Certified Institution is one certified by the Board of Control under Section 36 for the reception of defectives.

Year. (1st Jan.)	Under the provisions of the Act.	Outside the Act.	Total.	Percentage under the Act.
1918	4,242	2,147	6,389	66·4
1919	4,493	2,084	6,577	68·3
1920	5,063	1,948	7,011	72·2
1921	5,551	1,870	7,421	74·8
1922	6,574	1,939	8,513	77·2
1923	7,891	2,126	10,017	78·8
1924	8,955	2,089	11,044	81·1
1925	9,981	2,134	12,115	82·4
1926	10,706	2,060	12,766	83·9
1927	11,330	2,012	13,342	84·9

13. Certified Houses.*

On January 1st, 1927, there were 271 persons under care in certified houses—admitted under the following conditions :—

——	Males.	Females.	Total.
Received under the provisions of the Mental Deficiency Act – – – – –	107	141	248
Received outside the provisions of the Mental Deficiency Act :—			
Sent by Poor Law Authorities – –	—	14	14
Sent by Relatives or Others– – –	2	7	9
Total – – – –	109	162	271

The above figures show an increase of seven patients in these Houses during the year. All cases received under the Mental Deficiency Act (except 20 cases under Order) were "placed" under Section 3.

14. Approved Homes.†

Number of Patients on 1st January, 1927.

——	Males.	Females.	Total.
Sent by Poor Law Authorities – –	26	95	121
Sent by Local Authorities – –	1	10	11
Sent by Relatives or Others – –	134	166	300
Total – – – –	161	271	432

On 1st January, 1927, there were 24 of these homes in existence, with total accommodation for 522 patients, and the numbers under care showed an increase of 51 on the preceding year.

* A Certified House is one in which defectives are received by the owner thereof for his private profit, and in respect of which a certificate has been granted by the Board of Control under Section 49.

† An Approved Home is one in which defectives are received and supported wholly or partly by voluntary contributions or for private profit, and in respect of which approval has been granted by the Board of Control under Section 50.

15. Defectives under Guardianship and in Private Care (Sec. 51).

The following table shows the changes that have taken place during the past year among the mentally defective patients residing under guardianship and in private care :—

——	Males.	Females.	Total.
Number on 1st January, 1926—			
Under Orders	217	389	606
"Placed" (Section 3)	15	14	29
Notified (Section 51)	65	85	150
	297	488	785

	M.	F.	Total.
Admissions (including cases admitted from institutional care)	200	202	402
Discharges (including removals to institutions under Varying Order)	35	60	95
Deaths	8	7	15

Number on 1st January, 1927—			
Under Orders	353	511	864
"Placed" (Section 3)	16	16	32
Notified (Section 51)	85	96	181
Total	454	623	1,077

As compared with the previous year, there was an increase of 258 in the cases under Orders, of 3 in the "placed" cases, and of 31 in the notified cases, making a total increase of 292.

16. Mental Defectives in Poor Law Institutions.*

The number of defectives dealt with under the Mental Deficiency Act, 1913, who were in Poor Law Institutions on 1st January, 1927, is shown in the subjoined table :—

——	Males.	Females.	Total.
Under "Orders"	3,006	3,894	6,900
"Placed" (Section 3)	69	66	135
Total	3,075	3,960	7,035

* The numbers of insane persons in Poor Law Institutions will be found on p. 30.

These 7,035 patients are distributed as follow :—

(*a*) In Poor Law Institutions – – – –	3,390
(*b*) In Special Poor Law Institutions, i.e., Seafield House, Great Barr Park, Birmingham Certified Institution (Monyhull Colony and Erdington) and Prudhoe Hall and ancillary premises – – –	1,167
(*c*) In the Metropolitan Asylums Board Certified Institution – – – – – – –	2,478

The Use of Poor Law Institutions approved under Section 37 of the Mental Deficiency Act.

Last year we made a special enquiry into various points with regard to the efficiency of the provision for defectives in Poor Law institutions approved under s. 37 of the Mental Deficiency Act. We have often pointed out that the approval of these institutions was meant to be purely temporary and was only adopted as a War emergency measure. Very many of them cannot be said to come within the meaning of s. 37 for they show no "special fitness for the detention, care and training" of the Mentally Defective. We think it is time that the community realized that Local Authorities ought not to be content with this provision and that to have secured places in Poor Law institutions for some of the defectives for whom they are responsible, does not mean that they have fulfilled their statutory obligations under Section 30 (*c*) "to provide suitable and sufficient accommodation." The importance of this consideration will be evident when it is remembered that so far only 5,301 beds have been provided by Local Authorities, whereas they have sent nearly 3,390 cases to Poor Law institutions. It will be recognized that the withdrawal of these temporary approvals by our Board is very difficult until Local Authorities have themselves provided accommodation, and it is for this reason that it was felt to be desirable to have a general review of the position and to consider what part if any an approved Poor Law institution can legitimately play in public provision for defectives.

We should like it to be clearly understood that in the following remarks we do not forget the public spirited and valuable help which was afforded by a large number of Poor Law Guardians throughout the country in allowing the Local Authorities during the War, and subsequently, the use of some of their spare accommodation. In doing so they have increased their own responsibility and given extra work and responsibility to the members of their staffs. We should like also to acknowledge the frequent instances of kindly interest and sympathy displayed by many Masters and Matrons. Again we believe that some mentally defective men and women are leading tolerably happy lives in these institutions and that others settle down after a while and become thoroughly institutionalised, knowing nothing better or ceasing to crave for anything more than is afforded by the daily housework of the institution, by a weekly walk and an occasional entertainment.

This contentment is particularly marked in some small country workhouses where the simplicity of the conditions of country life makes it possible to allow greater freedom to the patients, and to give the institution a homeliness which can never be obtained in a Poor Law institution situated in or near a town. There are also some middle-aged and elderly patients in Poor Law institutions who seem to remain there happily ; a large number of these are on the footing of ordinary pauper inmates and others are certified under s. 24 of the Lunacy Act. They are past the age which demands and should be given active employment and an out-door life, and they need little exercise ; they are content with ordinary domestic work, and gossip with each other seems to afford sufficient amusement, varied sometimes by the recreational work provided by the praiseworthy efforts of the Brabazon Society.

It will be seen therefore that the following remarks apply to young and active defectives of both sexes and to those who can be trained and employed and for whom the restrictions both in work and play necessitated by the conditions of Poor Law institutions and by a small and usually untrained staff are irksome and harmful. These restrictions create an atmosphere of discontent and a constant desire for change, owing greatly to super-abundant bodily energy which does not get sufficient outlet. It is significant that a large percentage of the applications for removal of patients to the State Institution for persons of violent and dangerous propensities come from Poor Law institutions, and also significant that these propensities become dormant after admission to Rampton, where the facilities for outdoor life and games and the great variety of workshops and industries afford an outlet and an interest which prove a material safeguard against attacks of unruly conduct and violence.

We have before us 108 reports from Commissioners and Inspectors on Approved Poor Law institutions.

We have considered these reports under three headings, *i.e.*, Training, Recreation and Classification, and we have tried to form an opinion in each case as to whether they should be regarded as satisfactory, fair or unsatisfactory.

By "*Training*" we mean definite and regular organised instruction in trades or occupations other than House and Laundry work for women and odd jobs for men.

By "*Recreation*" we mean some definite and regular effort to secure indoor and outdoor pleasurable games and occupations.

By "*Classification*" we mean (1) apart from ordinary inmates ; (2) apart from the insane ; (3) according to types of mental deficiency.

In estimating the three degrees—satisfactory, fair and unsatisfactory—we have taken as our criterion what degree is obtained in Certified institutions for mental defectives such as Sandlebridge, Royal Eastern Counties Institution, Monyhull Colony, Royal Albert Institution, Manor Certified Institution and others.

Contrasting the conditions in one or other of the above Certified institutions and those in 108 Poor Law institutions we find that—

The Training given in	23	Poor Law institutions	is	satisfactory
,,	,,	,,	,,	16	,,	,,	,,	fair
,,	,,	,,	,,	69	,,	,,	,,	unsatisfactory
The Recreation	,,	,,	33	,,	,,	,,	,,	satisfactory
,,	,,	,,	,,	48	,,	,,	,,	fair
,,	,,	,,	,,	24	,,	,,	,,	unsatisfactory
			,,	3	(we have no information.)			
,, Classification	,,	,,	9	Poor Law institutions	is	satisfactory		
,,	,,	,,	,,	17	,,	,,	,,	fair
,,	,,	,,	,,	82	,,	,,	,,	unsatisfactory

If outdoor exercise and games were considered apart from indoor recreations the large majority would be unsatisfactory. Frequently the reason for the lack of definite training or organized recreation is that there are too few cases in the institution to make organized work or play possible except at prohibitive expense. In some cases the defectives are reasonably happy and are employed, but we think that Local Authorities should take the absence of training and out-door recreation into consideration before sending young patients to Poor Law institutions and should endeavour to secure enough beds at one Poor Law institution to make a reasonable variety both in work and play possible and economic. As a rule it would be wise to withdraw the patients from the institutions where very few can be accommodated and to concentrate them in a Poor Law institution where there is room for larger numbers and where training, employment and outdoor work and exercise can be secured.

17. Central Association for Mental Welfare.

We are glad to record our appreciation of the valuable work of this Association. No new Local Associations have been organized during the period under review, but preliminary work has been carried out in Sunderland and South Shields and it is hoped that Associations will be formed in those two areas. An Occupation Centre has been successfully started in the former area.

The records of the Central Office now contain particulars of 38,161 cases; during the year over 650 cases were dealt with directly by the Case Secretary at the Central Office. A noticeable feature of the Association's work is the increasing number of cases referred to them by private persons; vacancies in institutions are so very difficult to obtain that there have been rather fewer enquiries from Local Authorities for assistance in placing cases, and the majority of cases for whom accommodation has been found have been placed in private homes and under private care, where relatives and friends can pay for them.

Valuable propaganda work was done by the Association at the Nation's Health Exhibition held at Leicester in May, 1926, when a stall was held and the Association's Film was exhibited.

A successful Conference was held at the Central Hall, Westminster in December, 1926 (postponed from May owing to the General Strike) ; 622 delegates were appointed by Local Authorities and Social Organizations throughout the country and valuable papers were given on " The Proper Care of Defectives outside Institutions " ; " Borderland Cases " ; " The Training of Teachers for Work in Schools for the Mentally Defective " and on " Encephalitis Lethargica and its After Effects."

Negotiations have been carried on throughout the year to promote psychiatric training for social workers, and it is hoped that by co-operation with the Joint University Council and other organizations concerned with the training of social workers a definite course of mental welfare training may be instituted in conjunction with a University.

The Association has taken an active part in the preliminary work of the Child Guidance Council, who hope to start a Child Guidance Clinic in 1928, financed by the Commonwealth Fund of America.

The Guardianship Scheme of the Association has developed rapidly. The housing difficulty still constitutes a very serious obstacle, but the Guardianship Officer has been able to find homes for 44 cases, on licence and under Guardianship. As a result of the experience of the Association, Guardianship Schemes are being inaugurated in Devonshire and in Kent, under the Local Associations for these areas. It is hoped that other areas will follow their example.

The educational work of the Association has been continued. The following Courses have been held in 1926 :—

(i) Two Short Courses of Three Weeks' duration, for Teachers, at Manchester and Leeds.

(ii) A Refresher Course of one week's duration, for Teachers, at Aberystwyth.

(Both i and ii were organized by the Association for the Board of Education).

(iii) A Nine Weeks' Course for Teachers of Dull and Backward Children in London; 21 teachers attended this Course.

(iv) A week's course for Medical Practitioners, held in co-operation with the University Extension Board of the University of London, attended by 56 doctors.

Miss Price, the Occupational Organizer, has been almost continuously employed throughout the year. During the twelve months ended December 1926 she has visited seven Institutions approved under section 37 of the Mental Deficiency Act, one Mental Hospital, one Certified Institution, and two Occupation Centres.

Her work has been most successful, and Committees have expressed great appreciation of the help she has been able to give to their staffs by her classes and lectures.

The Agnes Western Occupation Centre has continued as a full time Centre, at St. James' Hall, Collier Street, together with the Employment Class for older boys held on four half days in the week.

The Centre has been used as a Training Centre, for individual students, and in connection with the various Training Courses organized by the Association.

The Library and the Quarterly Journal "Mental Welfare" continue to be of value to students and mental welfare workers generally.

We desire also to recognize the valuable work done by the 51 Local Voluntary Associations throughout the country. Space will not allow us to mention them individually, though we believe that they are all rendering useful service. We may, however, mention two of the largest, and their work may be said to be typical of that undertaken by most of the others.

(1) *The London Association for the Care of the Mentally Defective.*

This Association was set up in 1914 for assisting in the administration of the Mental Deficiency Act. They undertake certain of the duties of supervision for the London County Council and have organized ten Occupation Centres for low grade children. In addition they supply voluntary supervision for cases which do not come within the purview of the Mental Deficiency Act. They also undertake after-care of defectives for the Ministry of Labour and for the Local Education Committee. Altogether they are supervising over 8,000 cases.

(2) *The Lancashire Association for Mental Welfare.*

For the purpose of assisting in the administration of the Mental Deficiency Act, four Associations have been organized in Lancashire. They undertake certain duties for the Lancashire Asylums Board as regards ascertainment and supervision. In addition they have organized 20 Occupation Centres and supply voluntary supervision for defectives who do not come within the purview of the Mental Deficiency Act. Many thousands of defectives have been referred to these Associations and visited by them during the year.

III. GENERAL.

1. Encephalitis Lethargica.

(Mental After-effects.)

During the year 1926, 135 patients were admitted to County and Borough mental hospitals with a history of this disease or with clear signs of an attack, and 70 were admitted to Mental Deficiency Institutions.

The following table shows approximately the age groups of the cases remaining under treatment who were admitted during the year and previously :—

Age Groups.	Admitted 1918–1925.		Admitted during 1926.		Totals.
	Mental Hospitals.	Mental Deficiency Institutions.	Mental Hospitals.	Mental Deficiency Institutions.	
Up to and including 16 years	39	54	36	47	176
17–21 years ...	36	13	32	19	100
Over 21 years	39	11	54	4	108
	114	78	122	70	384

These represent only a portion of the cases whose admission into institutional care has been sought by individuals or civic authorities, for the most part on account of the mischievous, immoral and criminal behaviour of the patients ; they consist mainly of children or young persons, who, previous to the onset of encephalitis lethargica, were well behaved and industrious.

The following cases—samples of many—illustrate the difficulties encountered in dealing with these cases.

O.—Born in 1907, had an attack of this disease when 12½ years old, for which he was treated at a London Hospital in December, 1919. In 1922 a complaint was made to the Police of the lad, now 15, indecently assaulting a girl of six, but there was no corroboration and they could not proceed with the matter.

In June, 1924, O. felled a fellow student of 16 at a night school over a trivial dispute. In the following month he was fined £5 for an assault and in another month, he was convicted of an aggravated assault, when camping, on a girl of 16. In September, 1925, he is alleged to have committed an indecent assault on a girl of 10 which was not reported to the Police at the time, but O. was dismissed from his employment. In the following January he tried to strangle a domestic servant who showed him a letter from another young man, but was frustrated by her mistress, and the girl left the neighbourhood in fear of future attacks which he threatened. In May, 1926, he struck his mother without any apparent reason and terrorized his family by brandishing a carving knife : his father had to find lodgings for him elsewhere. He was subsequently, in September, convicted of an aggravated assault on a female and sentenced to one month's imprisonment. During the intervals between these outbursts of passion, his conduct was satisfactory and he worked for his living. His case was considered by the Medical Officer of the Local Authority with a view to his detention under the Mental Deficiency Act, but owing to the standard of the lad's intelligence he was unable to certify. A different view, however, was taken after the last conviction by the Prison Medical Officers ; and his changes in behaviour, dating from early adolescence, after the attack of encephalitis, were deemed by them to constitute mental defect from an early age and O. was removed to a State Institution.

T.—A girl now 15, suffered from encephalitis lethargica when 11 years old. Our Board were first communicated with in September, 1924, by the Clerk to the local Board of Guardians, the girl being beyond the control of her parents. The Medical Officer of Health, however,

was not prepared to certify under the Mental Deficiency Act and the Justice declined to send the child to a mental hospital. Some improvement was observed in her behaviour for a short time, but in January, 1925, she assaulted other children and was committed to an Industrial School. She there proved a very difficult girl to manage, and at times became vicious. In July, 1926, she was released on licence to her parents, but the following month they requested her return to the Industrial School.

The Medical Officer of the School did not consider the Mental Deficiency Act applicable to this girl's case and found no sign of insanity at the time of his examination. The father of the girl begged that she be kept away from home for a year or eighteen months, and, after describing the tribulation she there caused, said "I have no more space for any more of her doings for I could fill a book with them." T. was removed to a Poor Law Infirmary last November, where she bit, kicked and struck other patients, apparently out of impulse, and shortly afterwards she was certified under the Mental Deficiency Act and admitted to a State Institution.

C.—A lad of 16 was quite normal until an illness at the age of 12, during which he "slept" for days. He was a scholarship holder at a Junior Technical School. In January and August, 1924, he was before the Magistrates for stealing and again in January and June, 1925. In November he again appeared for begging in spite of the fact that he was not short of money at home, the family being comfortably situated. His intelligence was little behind the normal for his age, and doubtless many Local Authorities would have hesitated to deal with him under the Mental Deficiency Act, but his own Local Authority wisely availed themselves of the most appropriate means available at the moment for controlling the boy's behaviour.

H.—Born 1913, was in the Guardians' Hospital for several months in 1924, 1925 and 1926, for mental disturbances following encephalitis. Her mother, who now declines to allow the girl to go to any institution which is not solely for post-encephalitic disease, chains her up at home by the ankle to prevent her running away, because when opportunity offers, she accosts every one she meets and places herself in grave moral danger.

In many cases the patients, without warning, suddenly start screaming and shouting or attack other children, trying to strangle them or set them alight. Often enough they derive a peculiar pleasure from the sight of others suffering pain. It has repeatedly happened that a young woman, after an illness of this kind, entirely changes her character, becoming loose and acquiring disease in consequence.

Reluctance and unwillingness on the part of medical practitioners to certify such patients under the Mental Deficiency Act has been very general, on the grounds that often the patients are but little short in intelligence or scholastic attainments and that the defect is due to disease.

In our opinion mental defect within the meaning of the Act may exist in persons of considerable intelligence. The criterion is whether the individual is so mentally defective that he requires care, supervision and control for his own protection or the protection of others. In the present state of our knowledge, institutions for defectives offer the most appropriate places, so far provided, for the care and training of certain post-encephalitic cases, and, if the condition has existed at the adolescent period, they may properly be certified under the Mental Deficiency Act.

2. Research.

As heretofore—but on this occasion in Part II of our Report, which is published separately—we have included a Supplement in which appears some account of clinical and pathological research and of the amount of routine laboratory work carried out, during the year under review, in institutions which we visit. It embraces general reports and papers sent to us for this purpose, epitomes of published papers, and references of others contributed to Journals in the course of the year by Medical Officers of these institutions. Such work is to be highly commended and encouraged; and, as we have indicated on former occasions, we think that those who aspire to the position of Superintendent of mental hospitals, and who in that position—even though they do not habitually undertake the specific treatment of individual cases—will be called upon to guide and direct medical work, should be expected to produce evidence of having contributed from time to time, at least a share of such work as is covered by our Supplement. It is, moreover, a legitimate opportunity of indicating that a medical officer has not failed, even while serving in a junior capacity, to address his thoughts—as assuredly he is right in doing—to the problems of the subject to which he desires to devote himself.

The welcome we therefore extend to the receipt of these communications is coupled with a regret that their source is limited usually to a comparatively small proportion of the institutions—namely, this year, to 20 out of the 98 County and Borough mental hospitals, the yearly average number during the past five years from which we have received contributions being 16. We much hope that this number will steadily increase and that we may be favoured, too, with corresponding reports from the Registered Hospitals and from some of the larger of the Licensed Houses.

Research, we are well aware, can neither be commanded nor bought; but, in various ways, it can be encouraged and stimulated and it can be subsidized. The legislation we have so long desired to see enacted and which, following upon the issue of the Royal Commission's Report, is eagerly awaited, would include provision for assisting research. In the meantime, as an important step in the right direction, we are specially glad to be able to record the institution by the Lancashire Asylums Board of the post of County Pathologist to their mental hospitals and institutions for mental defectives, to which post Dr. G. A. Watson—whose many years' work as Pathologist at Rainhill is well known—was appointed as from the 1st January, 1927. For the encouragement of research, we would also again draw attention to the fact that the Medical Research Council is prepared to receive applications for grants in aid and for the loan of apparatus and that, among their several advisory Committees, is the Mental Disorders Committee—the Chairman of which, since last December, is Dr. Bond, a member of our Board.

Reverting more particularly to the Supplement, it may be noted that out of some 37 papers, and irrespectively of three in special relation to syphilis, no less than fifteen relate to general paralysis, five relate to encephalitis lethargica, three to dysentery, and two to actinotherapy.

Mention of these last two papers prompts us to express the feeling that, in the clinical field, there is room for further and more precise enquiry into the scope and manner of influence of various remedial measures that, from time to time, are installed in mental hospitals ; such investigations would probably enable indications to be formulated by which the use of such remedies would be less empirical than is now the case. We have in mind, for instance, the use of X-rays for treatment (external and deep), electrical treatment, continuous baths and other forms of hydrotherapy, ultra-violet radiation, open-air treatment and the use of vita glass. It is no doubt desirable that facilities should be provided for these and other forms of treatment, and that a trial of such remedies in every possibly suitable case is to be commended ; but it would be more satisfactory could the treatment be prescribed upon more definitely recognized data. It was for this reason that we were particularly glad to receive a report upon " Hydrotherapy in cases of Confusion, accompanied by motor Excitability " from Littlemore Hospital (see our Eleventh Report, page 145) ; and we had hoped that this was the forerunner of corresponding reports from other mental hospitals.

General Paralysis of the Insane.—The majority of the fifteen papers in this relation, included in the Supplement, refer to the use of induced malaria as a mode of treatment. It will be five years, in July, 1927, since its commencement in this country at Whittingham Mental Hospital. We accordingly feel that the time has come when at least an attempt should be made, from a careful and thorough analysis of the cases so treated (which amount to about 1,400), to make a statement as to the efficacy of this form of treatment. In discussing the question with Colonel S. P. James, M.D., and other officials in the Ministry of Health, it has been represented to us that any such enquiry and analysis could usefully include data from which valuable deductions may be made in relation to malaria itself. We have accordingly arranged that one of our Board's Inspectors (Surgeon Rear-Admiral Meagher) shall, in collaboration with Col. James, undertake this work, the results of which will be reported on in due course.

3. The Inspectorate.

Consequent upon the further development of our Board's work, and the impossibility of paying, with our existing staff, even the minimum number of visits prescribed by statute, it became imperative that further assistance should be provided. Accordingly, with the approval of the Minister of Health, it was decided to appoint

additional Inspectors whose appointments, with the exception of two as Women Inspectors, should be regarded, pending legislation which may necessitate some re-organization of our Board, as upon a temporary footing. Under this arrangement, and after considering a number of applications, we have made the following appointments :—

Surgeon Rear-Admiral Edward T. Meagher, R.N. (retired), who was for some years in charge of the Royal Naval Mental Hospital at Yarmouth and was a member of the War Office Committee of Inquiry into Shell Shock ; Dr. James W. W. Adamson (M.D.Durh., M.R.C.S.), Medical Superintendent of the special neurological hospital under the Ministry of Pensions, "Moss Side," at Maghull, Liverpool ; Miss Hilda Redfern, Head Teacher at Monyhull Residential School (Birmingham) ; Miss Margaret M. McFarlane (B.A., Ph.D.Lond), Assistant Inspector of special schools under the London County Council, and formerly holder of the Keddy-Fletcher-Warr studentship for Research in Psychology ; and Surgeon Rear-Admiral J. Falconer Hall, C.M.G., K.H.S., M. B. Aberd., R.N. (retired).

Dr. Robert W. Branthwaite, C.B. :—By his retirement on the 1st August, 1926, our Board lost the assistance of Dr. Branthwaite who, since 8th November, 1916, had been a Commissioner and who, between that date and February, 1914, was the first Inspector appointed under the Mental Deficiency Act. Previously, after some initial general and mental hospital experience and some fifteen years' service as Medical Superintendent of institutions under the Habitual Drunkards Act of 1879, he was a member of the Home Office staff, to which he was appointed in 1898 as Inspector under the Inebriates Acts to organize the establishment of Reformatories for the care and treatment of criminal and recidivist drunkards ; to facilitate the carrying out of these duties, he was also appointed an Inspector of Prisons, and for four years acted as medical adviser to the Reformatory and Industrial Department. He thus came to us with proved capacity and by his unsparing devotion to duty, his active interest in all branches of our Board's work, and by his personal attributes, he was a colleague the loss of whose services is severe. The thoroughness which characterized his work was especially valuable in his investigations of matters in regard to infectious diseases, and in promoting improvements in the dietaries of mental hospitals—upon the Departmental Committee on which he was Chairman. During the war, he rejoined his Battalion—the Civil Service Rifles, in which he had held a Commission since 1904—and, proceeding to France early in 1915, was present in three engage-

ments, was mentioned in despatches, was wounded and finally incapacitated from further over-seas service.

The vacancy caused by Dr. Branthwaite's retirement has been filled by the temporary appointment of Robert Cunyngham Brown, Esq., C.B.E., M.D. (Durh.), who formerly was Deputy Commissioner of the General Board of Control for Scotland and more recently was Deputy Director-General of Medical Services under the Ministry of Pensions.

By Order of the Board,

(Signed) F. J. WILLIS,
Chairman.

(Signed) O. E. DICKINSON,
Secretary.

29th June, 1927.

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I.—The Joint Board of Research in Mental Diseases (City and University of Birmingham).

A.—*Report.*—By Dr. F. A. Pickworth, M.B., B.Sc., Laboratory Director.

General.—Laboratory work for the year 1926 includes the examination of 4,670 specimens, 4,020 from Rubery Hill and Hollymoor, 431 from Winson Green and 219 from the Monyhull Colony. Also there have been 50 determinations of Basal Metabolism and 29 Post Mortem Examinations. The summary does not include the routine testing of specimens which is regularly done by the Medical Officers of the Hospital in the ward clinical laboratories. The lines of investigation indicated in the previous report have been followed up and the results of some research collected for publication.

Bacteriological.—Includes the examination and report on 1,020 Wassermann tests; 237 Widal agglutination reaction of unvaccinated and 1,071 of vaccinated patients; 87 colloidal gold determinations, 37 blood cultures;

659 fæces examinations, 31 catheter specimens of urine, 123 gynæcological swabs; 134 post mortem swabs; 226 diphtheria swabs, and various other material.

Results have confirmed previous findings:—i.e., diphtheroids are very common in the cervical canal (all swabs being taken by special apparatus to prevent contamination from the surfaces). Another case of bacteriæmia occurring during the acute phase of mental disorder has been found. The organism gave the cultural and fermentation reactions of bacillus alkaligenes and was found on two different occasions at an interval of 10 days in the blood in pure culture. This organism was also present in the fæces, together with streptococci, but not in the urine, which contained streptococci only.

The blood showed a negative agglutination to B. fæces alkaligenes, but a strongly positive (50 Oxford Units) to paratyphosus A. The blood became sterile coincident with physical and mental improvement of the patient's condition.

Streptococci have been found in one case in the brain post mortem; being, as previously found in other cases of positive brain swabs, of the streptococcus Mitis class.

B. typhosus and B. shiga have been found in one case each of fæces, B. dysent. Flexner Y in two cases; the above agglutinating with the corresponding antisera in high dilutions; in addition a number of organisms having the sugar and other chemical reactions of pathogenic organisms but not agglutinating with the specific serum in reasonable dilution. As previously shown, a large proportion of fæces contain organisms not B. coli; streptococci and B. Friedlander being frequent, the latter in about 25 per cent. of the cases; many fæces show on culture variants of B. coli easily seen by the varying intensity of colour reaction, indicating the amount of acid production on McConkey's Media.

Serological Agglutination.—237 Widal reactions of unvaccinated and 1,071 of vaccinated have been carried out, the results of which—together with those of previous years—are being collected for special investigation with respect to certain anomalous forms of reaction which occur frequently after T.A.B. vaccination in mental hospital patients.

Also, in conjunction with Dr. I. F. King, formerly Medical Officer of Rubery Hill Mental Hospital, an attempt is being made to correlate certain deficient reactions and reactions of an abnormal type with dementia præcox and other psychiatrical and clinical types of mental disorder.

Chemical.—About 80 determinations of the Permeability of the Brain Membranes by the method of Walters have been made, the results of which are being collected for publication; 60 blood sugar estimations have been done, 11 chemical examinations of fæces and 8 chemical examinations of urines. The research into the fat lipoid cholesterol content of post mortem material is being continued and a satisfactory method has now been evolved.

Histological.—The result of the work on hypnotic drug treatment has been published in the *Journal of Experimental Pathology*, and further work is in progress to determine the nature of the mucinoid material present in the nervous system following treatment with these drugs.

Other work involving much time has been the investigation of a reliable method of demonstrating gram positive and gram negative bacteria in tissues. By the use of the method, organisms have been found in peritonsillar tissue (fixed immediately after operation) without corresponding tissue reaction in the immediate neighbourhood, and one case of chronic osteitis of nasal sinuses was accompanied by no tissue reaction in the vicinity of many of the organisms; the possibility of mechanical transport during handling of the material could not be definitely excluded, although it seems improbable that such was the case. In any case this demonstrates

the ease with which organisms may be transported in the lymphatics and tissue without the agency of tissue cells.

Post mortem work has shown further cases of nasal sinus disease, one of which showed a perforation of the sphenoid sinus into the pituitary fossa, which will be referred to again when completely investigated.

Basal Metabolism.—50 determinations of basal metabolism have been made, mostly with normal subjects, under such conditions as to show the effect of certain variable and preventable factors upon resting metabolism. The results of these experiments have been collected, together with full description of the chamber, apparatus, and method of use; these have been presented before the Royal Society by Professor J. S. Haldane and published in the Proceedings. Further work is now being continued with the subjects sleeping; as, under these conditions, many of various disturbing factors discussed in the paper are eliminated.

Published Paper.—" The Pathological Effects of Hypnotic Drugs upon the Central Nervous System of Animals," by the late Sir Frederick Mott, K.B.E., F.R.S., D. L. Woodhouse, M.Sc., and F. A. Pickworth, M.B., A.I.C., in the *British Journal of Experimental Pathology*, 1926, Vol. VII, p. 325. A full report of the laboratory investigations in connection with this research will be found in the annual report of the Joint Board of Research for Mental Diseases.

B.—*Clinical Report.*—By Dr. T. C. Graves, F.R.C.S., Director of the Birmingham City Mental Hospital.

General.—Reports are submitted concerning the presence of septic infection from records of cases investigated and treated by the Visiting Surgeons in the Dental, Ear, Nose and Throat and Gynæcological Departments of the Hospital. The value of non-specific protein thereapy, using a standard type of bacterial protein, has been tested on a series of cases of non-syphilitic pyschoses.

In the treatment of General Paralysis malaria has been used, and good results have followed the use of non-specific protein therapy given in order to produce pyrexia simulating a malarial infection.

Publication.—" Focal Sepsis as a Factor in the Causation of Mental Disorder "—contribution to " Discussion on Focal Sepsis as a Factor in Disease." [*Proceedings of the Royal Society of Medicine*, 1926,, Vol XIX. (*General Report, pp.* 16-18.]

C.—*Dental Department.—Visiting Surgeon.* Mr. A. J. Dabbs, L.D.S.

Septic conditions of the mouth connected with the teeth and gums are recorded as being present in 261 cases amongst the 344 direct admissions during the year 1926.

As I am vacating the appointment of Dental Surgeon to the mental hospitals, I beg to submit a brief review of the conditions met with during the past five years during which I have been attending the Hospital in the capacity of Dental Surgeon:—

Certain factors stand out pre-eminently with regard to the Dental conditions of the patients to be met with in these institutions:—

(1) The percentage of cases of extensive oral sepsis is greater than is met with in private practice. This of course does not show the actual conditions, for in private practice only those are seen who actually desire dental treatment. To compare the dental condition of this class of patient with the dental condition of the men in the Army during the War will perhaps give a better idea; although, in the Army, one was dealing with men of a better physical standard. In my four years' experience in the Army during the late War I found the presence of oral sepsis differed with the class from which the men were recruited. Generally speaking,

those drawn from the working classes presented the worst conditions; but the percentage of cases of extensive sepsis even in this class was much lower than is the case with mentally affected persons.

(2) It it generally acknowledged that, as a result of treatment carried out by the Dental department, there has been a marked improvement in the physical condition; and that, in a large number of cases, the mental condition has also improved. The conditions found have been the same as those reported in former years, viz., carious, broken, loose, impacted and unerupted teeth and apparent and buried roots with associated changes in the superficial and deeper tissues. The elucidation of the nature and extent of these pathological processes has been assisted considerably by means of radiography.

D.—*Ear, Nose and Throat Department.—Honorary Consulting Surgeon,* Mr. E. Musgrave Woodman, M.S., F.R.C.S.; *Visiting Surgeon,* Mr. W. Stirk Adams, Ch.B., F.R.C.S.

Accessory Sinuses of the Nose.—A large number of post nasal infections have been recognized on rhinoscopy, and a considerable number of these patients have been investigated by the Watson Williams method of direct puncture of the sphenoidal, ethmoidal and maxillary sinuses under both local and general anæsthesia. Confirmatory evidence of infection of these sinuses has been obtained in a large number of cases in the form of both thick or thin mucopus and in thickening of the mucosa. It is entirely by routine examination that these conditions have been recognized. It is extremely rare for the patients to complain directly of either headache or of nasal or postnasal discharge.

In a few cases a previous history pointing to nasal infection has been obtained from the relatives. In other cases the hallucinations and delusions expressed by the patient have served as a guide to the discovery of infected cavities.

The routine blood Wassermann test has in some cases been positive in association with an existing sinus infection.

A case of severe confusion, with bilateral maxillary sinusitis and otitis media, made a substantial recovery, physical and mental, following a double Caldwell Luc operation. The same operation performed for chronic antral disease, in a case of recurrent maniacal confusion, resulted in a good physical and mental recovery, which has not since relapsed following discharge.

The Ear.—Many cases of chronic catarrhal and suppurative otitis media have been met with—in one case a chronic mastoid infection requiring operative treatment—and were only found by routine examination. In these conditions of otitis the nasopharynx was, as a rule, also infected.

The Tonsillar Ring.—Many cases of active infection of the faucial tonsils—as evidenced by expression of pus from the crypts, enlarged cervical glands and of past infection leaving dense adherent scars between the tonsil capsule and its bed—have been met with in the course of the year's work. In the pharyngeal tonsil, hypertrophy has been not infrequently met with, particularly in the younger individuals up to about 30 years of age. Amongst abnormalities met with in the course of routine examination was a congenital cyst of Rathke's diverticulum.

Nasal Passages and Throat.—Several cases of unrecognized massive polypi causing complete nasal obstruction have been treated with subsequent improvement. The majority of the cases of nasal infection associated with sinusitis were of hypertrophic rhinitis, few cases of atrophic rhinitis being met with.

In the younger adults combinations of tonsillar and adenoid infection have usually been met with. Posterior sinus infections with a secondary granular lymphoid pharyngitis have been commoner in middle-aged men, while a few cases of pansinusitis with chronic tonsillar infection have been observed.

E.—*Gynæcological Department.—Visiting Surgeon,* Mr. A. B. Danby, F.R.C.S., Ed.

During the year the work of routine examination of new admissions has been continued. The conditions found are similar to those noted in previous reports and are briefly summarized as follows:—

(*a*) *Infective Conditions.*—As in previous years, cases have been met with which were clinically gonorrhoeal, but only in one case was the gonococcus satisfactorily detected, although a considerable number of suspected cases showed non-typical gram negative diplococci in urethral smears; but, as is so often encountered in the chronic forms of this disease, secondary infections in which streptococci were predominant had caused a persistence of the chronic infection of the endocervix.

A large number of nulliparæ were found to be affected with a characteristic infection of the endocervix, associated with a purulent or mucopurulent discharge; and in these cases there was no evidence of any intercourse having taken place.

Numerous cases of senile vaginitis have been seen and, following local applications and administration of thyroid, have shown very marked improvement of the local condition.

Puerperal sepsis cases have been fewer than in former years and have reacted well to treatment. In one case of this condition on admission there was found an acute ulcerated area on the lower third of the right leg, which was present before parturition, an identical organism was recovered from this area and from an intra uterine swab. It is probable that the septic condition of the leg was responsible for the infection in the uterus by blood transmission. There was no clinical evidence of lymphatic spread. Other sepsis was present in the mouth. This case made a substantial recovery after these areas had been treated, but it was noteworthy that the condition of the leg was the last to recover.

The treatment of the chronic infective conditions has been local applications of hydrogen peroxide paste, mercurochrome varying from 1 per cent. to 20 per cent., acriflavine and glycerine protargol 10 per cent. Pessaries of Bacillus Bulgaricus have been used in many cases with considerable success. As regards operative treatment of the more obstinate infections of the cervix, as evidenced by ectropion, etc., cauterization by linear incision with multiple punctures has been followed.

(*b*) *Non-infective Conditions.*—One case of very large degenerating fibroid was found and operated upon successfully.

A large sloughing fibroid polyp, the size of a hen's egg, protruding through the cervical canal and obstructing the egress of a considerable amount of purulent material, was removed from another patient, whose general condition showed much improvement following its removal.

F.—*Non-Specific Protein Therapy.*—By Dr. T. C. Graves, F.R.C.S., Medical Director of the Birmingham City Mental Hospital.

During the past year a considerable number of cases of many types of non-syphilitic mental disorder without any special indication of favourable prognosis have been studied in relation to their response to non-specific protein therapy. These patients have been examined from the clinical, physical and mental point of view, and obvious septic foci which have been discovered in almost every case have been removed. In this connection several cases of septic pharyngitis have been found which it was impossible to treat operatively; and, in addition, it is reasonable to suppose, in

consideration of our previous findings, that many occult foci may still be present in these as in other cases. The main line of treatment adopted, apart from the operative measures, has been that of non-specific protein therapy, and for this purpose we have used typhoid paratyphoid A and B vaccine (B.W. & Co.) intravenously.

Three types of treatment have been employed:—One method has been to give the injections every five days. The second has been by injections every other day, and the third type an intensive treatment of daily injections.

Observations associated with this treatment have been made upon the type of pyrexial curve, the occurrence of diarrhœa and vomiting, the incidence of herpes, the development of such symptoms as headache, reaction around known and hitherto occult sepsis. These observations have been correlated with the mental attitude of the patient, the intestinal flora and with the patient's biological reactions to the foreign protein injections. With regard to the latter some interesting associations seem possible, but considerable further work is necessary before the significance of these can be appreciated.

The results in general indicate that this method of treatment is beneficial in many cases:—From the psychiatric standpoint some cases have shown remarkable improvement from the treatment and several have been discharged. Among the favourable reactions a marked sedative effect is often noticed. Noisy and intractable cases becoming quieter and more amenable. Another effect is the occurrence of diarrhœa, sometimes with vomiting.

Herpetic reactions have occurred chiefly in the circumoral region; in other cases, however, there has been a definite nerve distribution sometimes unilateral. The intensity varies from a few papules to an affection covering quite a large area.

G.—*The Treatment of General Paralysis by T.A.B. Vaccine Intravenously.* —By Dr. J. M. Mackenzie.

As indicated in a brief communication in the Board of Control's Annual Report for 1925, a pyrexial treatment of general paralysis has been tried in this institution, the material used being T.A.B. vaccine (Burroughs, Wellcome & Co.) administered intravenously in daily doses for 10 days. With intervals between for the administration of N.A.B. in four weekly doses of 0.45 gm., three ten-day courses of pyrexial treatment are aimed at in each case.

Severe rigors are constantly obtained, and axillary temperatures up to 106° F. have been recorded, a fair average being about 103.6° F. Vomiting and diarrhœa are prominent features during the early stages of each ten-day course, and herpes, usually of the ordinary circumoral type but occasionally neural in distribution, occurs in a large percentage of cases. No permanent ill-effects have been noted, however, and in many cases considerable general physical improvement has resulted, without, however, any constant alteration in neurological signs, or in serological findings in blood and c.s.f. On occasion the Wassermann reaction has been lessened in intensity either in blood or c.s.f., or both, but whether this is attributable to the arsenical compound or to the pyrexia remains doubtful.

The study of conduct in these cases is interesting. Many excited, grandiose and quarrelsome paretics become tractable, and in some cases useful work is being done in the wards by men of that type, who one would have expected in the ordinary course to have been a constant source of anxiety to the nursing staff during their stay in a mental hospital. This diminution of motor excitement one would naturally expect during the febrile periods; but, in addition, the effect persists for long after the course of pyrexia—in some cases right from the commencement of treatment up to the present time.

As mentioned above, no untoward results have been noted in this institution, but certain precautionary measures are advisable. The first and most obvious consideration is the physical state of the patient. Advanced cases, with grossly weakened musculature, including that of the heart, are obviously unlikely to be able to stand the severe general reaction consequent upon a rise of temperature of about 8° F. in less than an hour, as sometimes occurs. Secondly, the occurrence of focal reactions must be borne in mind and guarded against when possible. Obvious dental caries or the presence of stumps or roots calls for appropriate treatment before commencing vaccine injections, lest hidden abscess formation with its consequent nerve irritation and general restlessness supervene. Hidden foci of sepsis may be suspected to be the seat of focal reaction in cases where the temperature, after injection, does not drop from its maximum down to normal within about 12 hours. This was well exemplified in a few cases where a persistence of fever for about 3 days after the injection led to the discovery of buried tonsillar abscesses. If possible such foci should be eradicated before proceeding further.

II.—From the Cardiff City Mental Hospital.

General Report.—By Lieut.-Col. E. Goodall, C.B.E., F.R.C.P., Medical Superintendent.

We (Dr. Scholberg and myself) reported, as is necessary, to the Medical Research Council on work done with the aid of the annual grant received from them. I give hereunder a summary of the work done on behalf of the Council; the preliminary remarks, certain intercalated observations, and some of the chief figures concerned are supplied by Dr. Stanford, from the chemical laboratory.

The distribution of nitrogenous compounds in the plasma and cerebro-spinal fluid (c.s.f.) in mental disease constituted the continuance of an investigation on behalf of the Medical Research Council. At the same time the chief N.-constituents of the urine were examined. This work was carried out in the chemical research laboratory by Dr. Stanford, assisted by Mr. A. H. M. Wheatley. Apart from this special research, other work has been done in our pathological and chemical laboratories, of which an abstract is also given.

As the nitrogenous constituents of the c.s.f. in particular have never been systematically studied, there was a possibility that new diagnostic aids might be revealed, and also that the study of the proportionality of the distribution of the different compounds between the plasma and the c.s.f. might throw some light on the origins and functions of the latter.

The substances estimated in the c.s.f. were the total N., the non-protein N., urea N., creatine N., " creatinine " N., amino-acid N., and uric acid N.; from these the protein N. and the unknown N. were calculated by difference. The same estimations, excepting that of total N., were made in the plasma.

The patients dealt with were on a standard diet calculated to yield 15 calories per lb. of body-weight. The fluids were withdrawn in the fasting state before breakfast. Kidney-function tests (2) were done in all cases, in addition to ordinary clinical urinary tests, to establish that any excess in N. found in the plasma and c.s.f. was not ascribable to damaged renal function. Controls were obtained in respect of the plasma from Folin's " Laboratory Manual." As regards the c.s.f., no reliable normal figures are available; therefore, we used our own control figures.

A total of 35 cases of all types was dealt with in this way during the year (the investigation is being continued), 4 of them having been done twice at an interval. In 3 cases the plasma was not examined. Of these cases, 17 were recent and acute, 11 chronic, and 7 cases of dementia paralytica.

The following is a summary of results up to the present:—

C.S.F.—The great majority of cases show abnormal figures of *total N.* The figures for dementia paralytica are high; other figures vary, but are mostly low. *Protein N.* is high in dementia paralytica. *Total non-protein N.* is low in this; not abnormal in other disorders. The well-proved increase of protein N. in dementia paralytica is not accompanied by an increase in the other nitrogenous constituents, taken as a whole or individually. *Urea N.*: high and low figures occur, but the majority are normal. *Amino N.* is not abnormal. The figures do not distinguish recent from chronic cases.

Plasma.—*Non-protein N.* figures are high. *Urea N.* figures tend to be high. *Amino N.* figures are low. The figures are irrespective of the type of case. In 14 cases the *unknown N.* is high in the plasma, the *non-protein N.* being also high, and the *urea N.* high or normal in these cases. These cases are both recent and chronic. *Unknown N.* forms 20-40 per cent. of the total non-protein N. (a high proportion). The percentage tends to be higher in dementia paralytica. As to what the *Unknown N.*—which is got by subtracting the sum of the various non-protein N. constituents estimated from the total non-protein N.—is, remains for investigation. In our later cases, suitable methods having been elaborated, uric acid has been removed from the unknown N. and separately estimated.

The examination of the N.-partition brings out that, when protein is increased in the c.s.f., the case is invariably one of gross organic lesion of the brain substance (*e.g.*, dementia paralytica, localized cerebral haemorrhage). Certain cases which failed to pass renal function tests, and, therefore, were excluded from our series, although they showed excess of non-protein nitrogen in plasma or plasma and c.s.f., showed no excess of protein in the c.s.f.

The *amino acid N.* forms 9-22 per cent. of the total non-protein N. of the plasma, the average value being 13·5, which compares with an average of 21 calculated from Folin's figures for normal persons. This is in keeping with the low absolute value of this constituent. Of the total non-protein N. of the c.s.f., the amino acid formed 3·5-6 per cent. (except in 2 cases). The *amino N.* figures in plasma for our cases of the pyschosis in various forms lie between 3·0-5·0, with an average of 4·0; 0·7 and 1·3, with an average of ·95 for the c.s.f. (all figures indicate mgm. per cent.).

Folin's normal figures for *amino N.* in plasma are 4·4-6·2, average 5·4. Wiechmann's (Allgem. Zeitschr. f. Psych., Bd. 83, H.7/8) figures: 4-6·1. Our psychotic cases (as just stated), 3·0-5·0, average 4·0. The psychotic cases, therefore, have a rather lower average. In the *c.s.f.* the control and psychotic figures are practically the same

It is concluded from the above that there is no noteworthy deviation in the *amino N.* figures of the plasma and c.s.f. in our psychotic cases from the normal.

The low (absolute) figures in which the *amino N.* is present in the c.s.f. in normal and psychotic cases might be adduced as an argument against the view that this fluid has nutrient properties. Although variations occur in the chief N. constituents, the amino N. figures are pretty constant in both fluids in all classes of psychotic cases dealt with, including a special case with evidence of arterial disease in which the chief N. figures in both fluids are greatly in excess.

The high protein content of the c.s.f. in cases of organic brain disease or lesion would indicate that this fluid is a vehicle for removal of break-down products.

The 24-hr. urine of the mental cases, upon the same fixed diet, was examined. Control figures (minimum, maximum and average) are available from Folin's "Approximate Complete Analyses of 30 Normal Urines." With very few exceptions, the total N. and urea N. are low in all our cases. Our resting calorie diet was lower in protein value than the liberal

protein diet of Folin. But the total N. and urea N. are as low in many of his cases as in ours. With these low urine figures in our cases go the figures for non-protein N. and urea N. in the plasma, which are high compared with Folin's figures. And these results were obtained in patients whose kidneys were functionating adequately to kidney-function tests.

These apparent anomalies of protein metabolism, shown by this study of blood-plasma, c.s.f. and urine, can at present merely be recorded. Folin (*American Journal of Insanity*, 60-61, 1903, 1905) found abnormalities of metabolism from his elaborate and classical study of the urine of the insane.

The following information is supplied me by Dr. Stanford:—

The Estimation of Uric Acid.—The original method of estimation of this substance colorimetrically by means of phosphotungstates suggested by Folin was simplified and improved by Benedict some 3 or 4 years ago. Benedict employed arsenophosphotungstates, and thereby not only obtained depths of colour much more satisfactory for colorimetric purposes, but also obtained evidence that the reaction was much more specific for uric acid than that of Folin. A practical difficulty in using the method is that the coloured solutions quickly become turbid, so that even with the utmost dispatch it is often impossible to make the colorimetric comparison in time. This difficulty is mentioned by Benedict himself, and has been referred to by others subsequently, but no means of overcoming it have been suggested. Dr. Stanford and Mr. Wheatley were fortunate enough to discover a way of avoiding the trouble altogether without, as far as can be seen at present, spoiling the accuracy of the method in any way. This work, which has also thrown some light on the mechanism of the reaction, is not yet finished, but it is hoped to publish the results shortly.

Reducing substances in the blood (glucose, etc.—for the present these are generally, for convenience, referred to as "glucose," or blood-sugar) in cases exhibiting mental disorder. A number of cases have been examined by the Folin-Wu method, with the following results:—Cases of schizophrenia, 25, all chronic and in good health; 23 of them between 19 and 34 years of age. The fasting blood-sugar was normal, except in 6. Response to a tolerance test (50 grammes of glucose by mouth) was only normal in 6 out of the 25; abnormal in 19. The abnormalities consisted in diminished or increased tolerance, or very poor reaction. Cases other than schizophrenia, of a functional, recoverable type—21, all recent admissions and disease of recent origin excepting 4; in good health, 11; reduced, 10; 11 of the 21 were aged from 19-33 years, the remainder (excepting 4) were under 45. In these, again, the fasting blood-sugar was normal, except in 4. Response to the glucose tolerance test was only normal in 3 out of 21. The abnormalities consisted in very poor reactions or diminished tolerance. Our results in regard to the fasting blood-sugar agree with those of other writers; it was found to be in general normal in amount. We found the response to the glucose tolerance test normal only in the minority of cases, whether of schizophrenia or of the functional psychoses.

The urine-sugar examined at the same time as the fasting blood-sugar by the Benedict test, as modified by Millard Smith, as well as colorimetrically, was found higher than normal in 21 out of 29 cases. The urine was examined also at the end (3 hours) of the tolerance test, but the results are at present difficult to interpret.

Permeability Test in respect of the so-called "barrier" or "screen" between the blood-stream and the nervous system.—The bromide method introduced in 1925 by Walter (*Münchener med. Wochenschrift*, 9/1/25), as modified by Hauptmann (*Klinische Wochenschrift*, 2/7/25, No. 27; ditto, Nos. 34 and 51, 1925), was employed in the cases hereunder mentioned. Full details of this method will be found in the literature referred to. Briefly, it consists in giving ·01 gramme Sod. Bromide per lb. body-

weight, three times a day for five days, and then withdrawing blood and c.s.f. The serum is allowed to separate; 4 cc. are required, to which is added Aq. Dist., 8 cc. Of the c.s.f., 8 cc. are taken. The protein is precipitated by trichlor. acetic acid. To 5 cc. of the perfectly clear filtrate in each case 1 cc. of $\frac{1}{2}$ per cent. gold chloride solution is added. According to the amount of gold bromide formed, a yellow or brown colour results. This is compared with test solutions of varying strengths from about 1/6,000-1/1,000 in a colorimeter. A permeability quotient (P.Q.) is obtained by dividing the serum bromide by that in the c.s.f. In healthy persons the quotient is very constant, and is taken as 2·90-3·30 by both Walter and Hauptmann. The authors cited have found often a difference in permeability of the "barrier" to exist as between patients in the so-called schizophrenic group and those suffering from functional or systematic psychoses—the former manifesting a diminished permeability (therefore a higher quotient), the latter an increased permeability (therefore a lower quotient). One judges from their writings that they were clear that more work required to be done before this apparent difference could be confirmed.

Twenty-five cases of schizophrenia were investigated by us, and 28 cases of "functional" mental disorder. Of the former 20 were done twice. The average quotient of the first time (25 cases), 3·35; ditto, second time (20 cases), 3·18; final average, 3·26.

None of these cases was recent in admission or origin except 4. All were in good health except 4. 18 were under 30 years of age; of the remainder all were 36 or under.

Of the "functional" cases the average quotient the first time (28 cases) was 2·9; ditto, second time (20 cases), 2·9; final average, 2·9. The great majority were recent admissions and the disorder was of recent origin. 15 were cases of mania or melancholia; the rest, confusional disorder, hallucinatory, delusional or obsessional states, and 2 were found not insane.

15 were under 35 years of age; 6 from 35-40; 7 from 40-58; all were in good health excepting 4; several of those examined a second time were improved mentally at this examination; but the quotient obtained had no bearing upon the altered state.

The conclusion is that the P.Q. tends to be higher in the schizophrenic cases, which conclusion agrees with that arrived at by other workers; but this permeability test will not serve as a means of diagnosis, which is also the view of those who have worked at the matter up to the present.

The bromide method shows well the increased permeability of the "screen" (meninges, vessel-wall, etc.) in dementia paralytica, these cases showing a diminished quotient.

Fuller Clinical Examinations (*"functional," etc., tests*).—In addition to the ordinary clinical examination of patients, it is sought to apply, as far as the medical and laboratory strength of the hospital will permit, and on suitable admissions, a further series of tests, with a view to elucidating pathological states. Space will not permit of the reproduction of the scheme which is being worked to at present: additions and modifications will doubtless be necessary with the progress of time.

I shall content myself here with setting down the results of estimation of the CO_2, combining power of the plasma in a series of freshly-received patients, the method of Van Slyke and Cullen being employed. These cases come under the following clinical designations: melancholia, 6; mania (Graves'), 1; dementia præcox, 3; confusional state, 7; mania, 1; emotional state, 2; stupor, 1; delusional state, 7; feeblemindedness, 1; g.p.i. mania (florid), 2; stupor-melancholia,1. Their physical condition was reduced, in the usual way that it is reduced in patients admitted into these institutions. They had no other specific disease. Of these patients 28 had CO_2 combining power of 53 to 42, indicating a mild acidosis. In only 4 cases was the combining power above 53. One of the above 28

showed a figure of 29, which indicates severe acidosis, and in her urine acetone bodies were well marked.

The urine of the remaining patients only contained acetone bodies (acetone, diacetic acid) in 4 instances.

III.—From the West Riding Mental Hospital, Wakefield.

A.—*General Report.*—By Professor J. Shaw Bolton, F.R.C.P., Medical Director.

Diploma in Psychological Medicine of the University of Leeds.—During the year three medical men have obtained this Diploma and one has been successful in Part I. of the Examination. This Diploma was the first Diploma in Psychological Medicine instituted in this country, and the first pass list was published in 1912. The experience gained by the past 15 years, and a study of the requirements of the Universities and other examining bodies which have since then instituted a Diploma in Psychological Medicine, has gradually modified both the methods of training and the examination requirements of the Leeds Diploma. The time has consequently arrived when it is possible, without in any way interfering with the essentially practical character both of the training and of the examination, to remodel the syllabus and to lay down a definite and extended course of study. This question is at the present time under the consideration of the University.

Routine work of the Laboratory.—This during the year has been unusually heavy. Many permanent and temporary preparations have been made both for educational purposes and for the Museum, and, apart from special research, a good many questions have required experimental determination. The general routine relating to reports on specimens sent in from the Institution included no less than 3,296 examinations.

B.—*Asylum Dysentery and Allied Infections (Eighth Post-War Report).*—By Professor J. Shaw Bolton, F.R.C.P., Dr. M. J. McGrath, D.P.M., and Mr. A. L. Howden.

1.—*Enteric Fever during the period January,* 1926—*March,* 1927.

(*a*) A male typhoid carrier, H.J., aged 64, was admitted from another institution on the 13th April, 1926. He had had typhoid fever in the autumn of 1918 with relapse at end of 1919. Typhoid bacilli were discovered in stools in May, 1919, and infection of others proved. From that date until 1925 the presence of typhoid bacilli was from time to time confirmed. In 1920 and 1923 vaccine treatment was unsuccessful. In March, 1925, the gall bladder was removed, and typhoid bacilli found in the bile and gall stones. In June, 1925, a scanty growth of typhoid bacilli was isolated from stools. Since that date examination has been negative. Since admission here repeated bacteriological examination of the stools and urine has failed to reveal the presence of bacillus typhosus.

(*b*) During the period under review 5 cases of enteric fever occurred in the female section.

L.M.R. occurred in isolation ward 22 in August, 1926, and a carrier, M.E.W., was detected.

J.W. occurred in semi-isolation ward 23 in September, 1926, and a carrier, D.O., was detected.

M.B. occurred in ward 25 in November, 1926. The case died and no carrier was found. I.H. occurred in ward 25 in February, 1927, and this time two carriers, H.S. and E.I., were detected.

M.A.W. occurred in ward 29 in January, 1927, and died. A carrier, S.A.F., was detected.

The cases, particulars of which are appended, usefully demonstrate the method of detecting carriers. They further show the existence and danger

of carriers, as any one of the five discovered was capable of causing an epidemic, and any one of the five active cases of enteric fever might have been or might have become a carrier.

We would here stress the point that examination of the fæces must be regarded as the normal method of detecting carriers. For this to be successful it is essential that all contacts should be examined *as soon as possible after the diagnosis of enteric fever has been made*, as the carrier may thus still be passing bacilli. Further, the media should be inoculated from stools which are as fresh as possible.

Whilst it is *possible* that a case of enteric fever may for a long time have been a carrier, it is so much more likely that it is caused by an unrecognized carrier that failure to find one should merely stimulate the laboratory to more energetic efforts.

The following are particulars of the cases referred to:—

(i) *L. M. R. (and carrier M. E. W.)*.—Ward 22. Admitted 8th February, 1921.

25th August, 1926. Blood culture made at the request of medical officer in charge of the case and bacillus typhosus reported present, 27th August, 1926.

28th August, 1926. Bacillus typhosus isolated from fæces.

30th August, 1926. Bacillus typhosus isolated from urine.

Widal, 25th August,—1/50; 7th September, 1926, +1/50; 10th September, 1926, +1/50, +1/100; 12th September, 1926, +1/200, +1/400. [N.B.—This patient was in Ward F.6 when one enteric case occurred in February, 1925 and two cases in July, 1925.]

During the search for a "carrier" she was found to be excreting B. Morgan 1, and for that reason was sent to ward 21 on 10th September, 1925 and to ward 22 on 3rd October, 1925.

Widal, — 1/50. Bacillus typhosus.

Result of search for carrier in ward 22 :—

Widals.—Patients 66. All negative 1/50.
Staff 10. All negative 1/50.
Fæces.—Patients 66. Negative 65. One carrier detected.
Staff 10. All negative.

Carrier M. E. W.—Ward 22. Admitted 2nd January, 1913.
Transferred from Acute F.4 to ward 22 in 1915.
Ward 22. Widals, 3rd December 1919, — 1/50 Typhoid, Flexner and Shiga.
From ward 22 to ward F.5, 23rd December, 1919.
From ward F.5 to ward F.6, 10th March, 1924.
From ward F.6 to ward 21, 18th July, 1925.
From ward 21 to ward 22, 29th July, 1925.
25th February, 1925, F.6. Blood and Widal, — 1/50. One case in ward.
14th July, 1925, F.6. Blood and Widal +1/50, +1/100. Two cases in ward.
Patient sent to ward 21.

In ward 22, L. M. R. sat on the left hand of M. E. W. during meal times. No patient sat on her right hand, a corner of the table.

30th August, 1926. Fæces examined for bacillus typhosus.

1st September, 1926. Reported bacillus typhosus isolated from fæces.

31st December, 1926. Daily bacteriological examinations of fæces show that this patient is still excreting large numbers of typhoid bacilli in spite of the fact that she has been given large doses of autogenous vaccine.

(ii) *J. W. (and carrier D. O.)*, Ward 23. Admitted 4th December, 1917.

16th September, 1926. Blood culture made at the request of the medical officer in charge of the case. Bacillus typhosus reported present, 18th September, 1926.

20th September, 1926. Fæces, bacillus typhosus isolated.

22nd September, 1926. Urine, negative.

18th September, 1926. Widal +1/200, +1/400.

Result of search for carrier in ward 23 :—

Widals.—Patients 48. All negative 1/50.
Staff 9. All negative 1/50.
Fæces.— Patients 47. Negative. One carrier detected.
Staff 9. All negative.

Carrier D.O.—Ward 23. Admitted 15th November, 1899.
20th September, 1926. Widal negative 1/50.
22nd September, 1926. Bacillus typhosus isolated from fæces.

31st December, 1926. Daily bacteriological examinations of fæces shows that this patient is an intermittent carrier, in spite of the fact that she has been given large doses of autogenous vaccine.

(iii) and (v) *M. B. and I. H. (and carriers H. S. and E. J.).*

M. B.—Ward 25. No. 3955. Admitted 25th November, 1922.

29th November, 1926. Blood culture made at the request of the medical officer in charge of the case. Bacillus typhosus reported present 1st December, 1926.

2nd December, 1926. Fæces and urine, both negative.

2nd December, 1926. Widal +1/100, +1/200.

The patient was throughout her illness very constipated.

She died 14th December, 1926.

Bowel scrapings. Bacillus typhosus isolated from L. and S. I.

Spleen and bile. Bacillus typhosus isolated in pure culture.

Result of search for carrier in ward 25 :—

Widals.—Patients 37. All negative.
Staff 9. All negative.
Fæces.— Patients 37. All negative for bacillus typhosus.
Staff 9. All negative.

Bacteriological examinations failed to detect any carrier in this instance. One Morgan 1 found.

I. H.—Ward 25. Aged 5 years.

27th February, 1927. Blood culture taken.

28th February, 1927. Widal 1/50 and 1/100. Motile bacilli in plates.

1st March, 1927. Bacillus typhosus definitely isolated from blood.

7th March, 1927. No fæces or urine received to date.

Carrier H. S.—Ward 25. Admitted February 2nd, 1909.

2nd March, 1927. Bacillus typhosus isolated from loose stool during search for carrier.

Carrier E. J.—Ward 25. Admitted 5th January, 1911.

2nd March, 1927. Bacillus typhosus isolated from loose stool during search for carrier.

Widals.—Patients 38. All negative 1/50.
Staff 9. All negative 1/50.
Fæces. —Patients 38. 36 negative. 2 carriers detected.
Staff 9. All negative.

[N.B. (*a*)—On 29th November, 1926, a typhoid case, M. B., was detected in ward 25. Bacteriological examination of fæces failed to reveal any carriers, but both the above-named patients gave partial Widals, i.e., 1/50, 1/100, and it was considered that the reactions were of no diagnostic value.]

[N.B. (*b*).—On 27th February, 1927, a second typhoid case was detected, I. H. It is interesting to note that on this occasion bacillus typhosus was detected in the fæces of H. S. and E. J., although the Widal in each case was — 1/50.

(iv) *M. A. W. (and carrier S. A. F.).*—Ward 29.

M. A. W.—29th January, 1927. Blood culture and Widal — 1/50.

30th January, 1927. Broth culture motile.

31st January, 1927. Bacillus typhosus definitely isolated.

No result from stools during life. Died 17th February, 1927.

Bacillus typhosus from scrapings of L. and S. I., spleen and bile.

1st February, 1927.—*Widals of the whole ward* :—
Patients 50. 49 negative.
Staff 10. 10 negative.

One carrier (S, A. F.) found, 5th February, 1927. Widal +1/50 and 1/100, and fæces from a normal stool.

Carrier S. A. F..—Ward 29. Admitted 4th April, 1917.

5th February, 1927. Bacillus typhosus isolated from a normal stool during bacteriological search for a carrier.

31st January, 1927. Widal +1/50, +1/100. Bacillus typhosus.

7th March, 1927. Bacteriological examination of fæces up to date show this patient to be an intermittent typhoid carrier.

Ward 29.—Widals—Patients 50. 49 — 1/50, 1+1/50, +1/100.
Widals—Staff 10. All negative 1/50.
Fæces—Patients 50. 49 negative. 1 carrier detected.
Fæces—Staff 10. All negative.

2.—*Dysentery during the year* 1926.—Thirty-six cases of dysentery occurred during the year, 9 on the male side, 26 on the female side, and one nurse. Of these 36 cases, 33 were detected by clinico-bacteriological study and 3 by bacteriological examination of the bowels after death.

Of the 9 male cases, 6 occurred amongst the boys at Stanley Hall. How the infection was introduced is not certain; but, in the case of patients of this type, every new admission is a potential source of danger. Considering the general character of the patients, we were fortunate in limiting the outbreak to six cases between the 17th and 27th October, 1926. Five of the 6 cases provided loose stools only, and that containing blood and mucus was one of the first two stools examined.

Of the other 3 male cases, 2 were in isolation wards 36a and 37, and the third was the case of a recurrent mania who had been under treatment for four years.

Of the 27 female cases, 2 occurred in isolation wards 21 and 22, and one who had been in the institution four years, in sick ward 32. Four arose amongst the admissions, 2 being in the admission ward F.1 and 2 in the East Cottage Home amongst recent cases in contact with admissions.

The remaining 20 cases, one being a nurse, arose in F.6, a ward long under suspicion as perhaps containing an enteric carrier. The small epidemic can, from coincidence of date and opportunity of contact, be associated with the cases in the East Cottage Home and F.1. The 2 F.1 cases were admitted respectively on the 16th September and the 22nd September, 1926, and showed symptoms respectively on the 4th and 9th of October. The 2 East Cottage Home cases showed symptoms on the 20th of September and the 5th October; and the 20 cases in F.6 occurred between the 18th September and the 8th November.

The usual methods of isolation, etc., were successful in wards F.1 and the East Cottage Home, but they failed, through negligence as was proved, in F.6, the only, and very frail, excuse being that the epidemic was unexpected and that the stools were loose or contained a little mucus only and never any blood and mucus. The Widal result in F.6 during the outbreak is most significant and particularly so when it is compared with similar examinations in previous reports.

Ward F. 6.	Flexner Y+ 1/50 and 1/100	Flexner Y— 1/50	Total.
Patients	77	19	96
Staff	8	6	14

Ward F.6 was vaccinated with anti-dysenteric vaccine after the 19th case on 28th October, the previous dates of cases being October 25th, 24th, 20th, 14th, 12th, 10th, 10th, 7th, 5th, 4th, 4th, 1st, 1st, 1st, September 30th, 29th, 19th and 18th. The first dose of 1,000 millions was given on the 19th October and a second of 2,000 millions ten days later. Thereafter, one mild case occurred on November 8th, another on February 1st, 1927, and a third on the 22nd February, 1927. This last was an unvaccinated transfer from another part of the Institution. This result is a striking illustration of the practical utility of vaccination.

3.—*Bacteriological Examination of Bowel Scrapings.*—Of 171 cases in which bowel scrapings were taken, a negative result was obtained in 163, and of the 8 positive 6 were cases of Flexner's bacillus, one of bacillus typhosus and one of bacillus Morgan 1.

Of the 6 cases of dysentery three were discovered after death only. Of these, E.G., No. 3923, was not suspected during life, and Flexner's bacillus was found in scrapings. R.K., No. 3930, was clinically suspected, but B. Morgan 1 alone was found in the fæces during life. From scrapings, however, Flexner's bacillus and also M. 1 were isolated. A.M.H., No. 3938, was a suspect during life, and her thin, watery stools were frequently examined with negative results, cultures of almost pure bacillus proteus being obtained. From scrapings Flexner's bacillus and bacillus proteus were isolated.

Of the remaining 3 cases, in C.D., No. 3920, Flexner's bacillus was isolated from fæces during life and from scrapings after death. The same remark applies to S.A.R., No. 3927, and H.M.S., No. 3929. With regard to the solitary case of bacillus typhosus, M.B., No. 3955, bacillus typhosus was isolated from the blood 15 days before death and after death from scrapings of the bowel and also in pure culture from the spleen and bile.

In the Morgan 1 case, A.I., No. 3915, the bacillus was isolated from the fæces, etc., 17 days before death and from scrapings after death. There was catarrh of the large and small intestine. In the middle of the large intestine there was a large dull and granular patch and some thickening of the bowel.

C.—*Histopathology of General Paralysis.*—By Dr. J. F. Smyth, D.P.M.

The following is a preliminary summary of the results obtained during the clinico-pathological study of a series of cases of general paralysis. All the brains were carefully examined for spirochaetes by the Jahnel method, and the results were compared with the clinical histories and also with the general conclusions drawn from the histological examination of the cases by the more usual methods.

In this research an attempt has been made to correlate the clinical condition and the morbid changes in dementia paralytica with the presence of spirochætes in the cortex.

So far a series of 40 cases has been examined. Each case has been followed clinically, and verified post mortem. The following regions have been examined:—Gyrus Rectus, Prefrontal, Psychomotor, Temporal and Visual. Spirochætes were found in 28 cases.

A survey of results shows that, besides being found in the gyrus rectus and temporal cortex, as described by Noguchi, spirochætes are also readily found in the prefrontal and motor regions. In the visual region they were seen only in two cases, both of Juvenile General Paralysis. One of these showed marked Optic Atrophy. The incidence of spirochætes in the different regions was:—Gyrus Rectus, 24; Prefrontal,23; Motor, 20; Temporal, 19; Visual, 2.

Spirochætes are found most easily in fairly rapid sub-acute cases, with a clinical history of grandiose delusions and marked physical signs. They are usually associated with marked cerebral wasting. They are seen in the lower part of the pyramidal layer and in the deeper layers of the cortex. They decrease in numbers towards the upper part of the cortex. They are not found in the outer fibre lamina. They lie in the tissue in close relationship to the smaller vessels. Their position strongly suggests that they have gained access through the peri-vascular lymph spaces. The absence of an adventitia round the smaller deep cortical vessels points to a vulnerable pathway.

Associated with the presence of spirochætes is a marked cellular infiltration of the cortex, mainly plasma and large and small round cells. Plasma cell peri-arteritis is variable. In cases where spirochætes are numerous it is moderate, and associated with migration of cells into the neighbouring tissue. Where it is gross or very marked spirochætes are, as a rule, scanty or absent. This feature suggests that it is a defence reaction to the invasion of spirochætes.

Neuroglial reaction takes place in two stages:—

1. In the outer fibre lamina:—Here it seems to depend on the duration of the disease and to bear a relation to the condition of the surface arteries. It is very often marked in the visual region, where the superficial vessels frequently show marked end-arteritis.

2. In the deeper layers of the cortex:—Here the intensity and extent of the process seem to bear a definite relationship to the incidence and number of spirochætes. It is marked in cases where they are present in abundance, moderate where few are present, and practically absent in those cases in which none can be found.

Vascular proliferation, particularly of the large and medium vessels, seems to be part of a general reaction, and not dependent on the presence of spirochætes. It is marked in all cases except those of the acute confusional type. Here the vascular process seems to be in the nature of an acute paralytic vaso-dilatation, associated with marked degeneration of neurons. Spirochætes are absent or few in number.

The presence of spirochætes in the motor cortex does not seem to bear any relation to the incidence of seizures. In these cases the vascular process seems to be the important feature.

IV.—From the West Riding Mental Hospital, Wadsley, Sheffield.

General Report.—By Dr. W. J. N. Vincent, C.B.E., Medical Superintendent.

Autopsies were made on 93 per cent. of the 160 deaths.

The clinical specimens sent for examination and report were 317, and included cerebro-spinal fluids, blood films and counts, dejecta, Widals, throat swabs, etc.

The routine pathological work was carried out during the year as far as was possible. The resignation of Dr. Back and the inability of Dr. Thorpe, the newly appointed pathologist, to take up his duties owing to an accident, has naturally hindered and reduced the output. Much valuable work, however, was carried out by the recently appointed, full trained, pathological assistant, who came to us from the University. The junior laboratory assistant undertakes photography and assists in laboratory work.

Special work was carried out by the Medical staff at the request of and under the direction of the Visiting Physician, Professor A. J. Hall, and Dr. Imrie, of the Sheffield Royal Hospital, on cases of encephalitis lethargica. Briefly, the work comprized observation in cases of post-encephalitis as to the elimination of uric acid under conditions of special purin free diet. The necessary laboratory investigations have been carried out at the Royal Hospital under a grant from the Medical Research Council. The results will be published shortly.

Other work is being undertaken by Professor Hall in cases of encephalitis lethargica—a study of their posture and movements is being made, and various photographs and cinematograph records have been taken.

Dr. Elizabeth C. Eaves, the Hon. Neuro-Pathologist, has published her observations on "Deposits containing Iron and Calcium in the Brain." This will be found in *Brain*, vol. 49, page 307, 1926. It is hoped that her other work will be published in due course.

V.—From the County Mental Hospital, Whittingham, Preston.

A.—*Clinical and Pathological Investigations by the Medical Officers of the Institution.*

(*a*) *Routine Laboratory Work.*—The following table summarizes much of the work carried out in the laboratories during the period under review:—

Urines examined, 1,212; bacteriological examination of fæces, 91; bacteriological examination of urine, 96; bacteriological exam-

ination of throat swabs, 115; bacteriological examination of sputa, 160; agglutination reactions, 51; cerebro-spinal fluids examined, 571; sugar estimation of blood, 93; sugar estimation of c.s.f., 571; liver function test (Van den Bergh), 12; (Fouchet's), 12; Meinicke's micro-reaction for syphilis, 676; blood grouping, 500; miscellaneous, 103; blood films examined, 3,600.

(*b*) *The Meinicke micro-reaction for syphilis.*—This microscope slide test for the sero-diagnosis of syphilis has been studied. Full details of the technique with our results and experiences were published in the October number of the *Journal of Medical Science*. Sufficient serum for this reaction is got from a drop of blood collected as for a Widal reaction. A trained nurse collects the serum and the technique is carried out by the chief laboratory assistant. The sera of 310 patients were examined by both the Wassermann and the Meinicke micro-reaction, and the results showed agreement in 96·4 per cent. For the past ten months this test has been applied to the serum of every admission. It is a satisfaction and a relief to know that the serology of every patient is enquired into; for, unless this is done, many cases of syphilis are missed. We have found the Meinicke micro-reaction simple, ready and accurate, and suitable for dealing with a large number of cases in a short time. It is a valuable addition to laboratory methods for the sero-diagnosis of syphilis.

(*c*) *Differentiation of bacteria by fermentation of the salts of organic acids.*—In order to become familiar with this method we have tried it and compared results with the fermentation of sugars method. The technique followed was that described by Brown, Duncan and Henry. Our enquiry was confined to pure cultures of B. Paratyphosus A and B. Paratyphosus B. as it is with these and the various organisms associated with food poisoning where the sugars fail that the fermentation of salts of organic acids becomes useful. We found the technique not more difficult than with the sugars. It is well to be prepared for food poisoning investigation, and in the absence of monospecific sera the fermentation of salts of organic acids can be relied on to differentiate these organisms.

(*d*) The treatment of general paralysis of the insane has been carried out continuously in the Hospital since July, 1922. During the past year 25 patients have been so treated. Of that number 13 have improved to such an extent that it has been found possible to send them home in a state of apparently complete remission; two show much improvement mentally and physically; two are unchanged. Two of the number died during the course of the year. We have in the hospital at present some 13 general paralytics who were treated by malaria from three to four-and-a-half years ago. While these men are in no sense of the word recovered mentally, it is interesting to observe the good physical health that most of them enjoy. Most of them are fairly tidy in dress, two are useful workers, and only three could be classified as inattentive in habits. It is also being noticed that when patients who have been treated by malaria die, in nearly every case the body is well nourished and does not present that extreme degree of emaciation which is commonly associated with the last stages of general paralysis. Another observation is that none of these patients show the facile temperament often associated with the second stage of general paresis.

B.—*Bismuth in the treatment of Neuro-Syphilis.*—By. Dr. J. D. Silverston.

At the beginning of 1926 Levatidi described a new compound of arsenic and bismuth which had been on trial in France since 1924. The preparation, known as bistovol or basic acetyloxyaminophenyl arsenate of bismuth, contains 40·2 per cent. of bismuth and 14·5 per cent of arsenic, and is insoluble in water. Suspended in saline, it cured experimental syphilis with a dose of 1·5 mg. of bismuth per kg. of body weight; in an oily

suspension the curative dose was 0·041 mg. per kg. Fournier and Schwartz confirmed these results in the treatment of human syphilis in 20 cases. They reported the absence of painful reactions, disappearance of s. pallida in 24 to 48 hours after the first injection of 2 c.cm., rapid cicatrisation of the chancres and a negative Wassenmann reaction in each case after a single series of 12 injections.

The preparation has been given a short trial here in the treatment of three cases of nervous syphilis—one case of juvenile paresis and two cases of meningo-vascular syphilis, but at present it is inopportune to express any final opinion on the value of the drug as a potent therapeutic agent, as in every case not a single course has yet been completed. At present a single course consists of the administration of 10 or 12 weekly doses of 0·3 grms. by the intramuscular route. The drug was generally tolerated very well, and only occasionally was soreness at the seat of inoculation present. A blue line at the gum margins made its appearance early and showed a tendency to persist; the mucous membrane of the mouth opposite the gum lines may also take on a definite bluish colouration later in the course. Diarrhœa, with blood and mucus in the stools, occurred in one case following the sixth injection; vomiting only, with pyrexia for a few days, occurred in another instance after the sixth injection. These reactions were never serious and do not contra-indicate further treatment.

There has been a general improvement in the physical and mental condition in one case of meningo-vascular syphilis. He has gained two stone in weight, albuminuria has disappeared and his paralysis is improving. Mentally, his mind is clear and he no longer shows any of his former signs of acute mental confusion. The two remaining cases show no improvement, but the treatment meanwhile is being continued.

C.—*Publications.*

(1) "The Meinicke micro-reaction for Syphilis in use in a Mental Hospital." By R. M. Clark M.B. *Journal of Mental Science*, October, 1926.

(2) "General Paralysis and the treatment by Malaria Fever." By A. R. Grant, M.D., and J. D. Silverston, M.B. *Journal of Mental Science*, April, 1926.

In this article the results of the treatment of 58 males and 11 females were given. It was pointed out that clinical remissions occurred in all clinical types of the disease, but were more common in (1) expansive type, (2) demented type. In this connection it is possible that the word "demented" is a misnomer; the word "confused" appears to be a more correct description.

A considerable amount of literature on the subject was passed under review, and the opinion was come to that among male general paralytics of the class admitted to mental hospitals in this country we might reasonably expect a complete remission in from 20 to 30 per cent.

(3) "The Whittingham (W) strain of artificially induced malaria. Observations made during the treatment of general paralysis and *tabes dorsalis*." By A. R. Grant, M.D., and J. D. Silverston. *Journal of Tropical Medicine and Hygiene*, April 15th, 1926. Reprinted by *Journal of Mental Science*, July, 1926.

From a general paralytic inoculated in September, 1922, with blood from a patient who had contracted benign tertian malaria in India a long chain of cases of general paralytics has been infected. At the time of writing the article the strain had been transmitted by direct subcutaneous inoculation through sixty cultural generations, comprising over 150 cases. Now it has passed through seventy-six cultural generations, comprising over 180 inoculations. In this article comparisons were made between the effects produced by the malaria at the time of writing and at the time it was first used. The conclusion come to was that the efficiency of the treatment was in no way impaired, that the attacks of malaria were

not becoming more virulent, and that from the study of over 10,000 blood films the morphology of the parasite remained unaltered.

(4) " Observations on Tryparsamide Therapy in Neuro-Syphilis." By J. D. Silverston, M.B. *Lancet*, October 2nd 1926, p. 693.

VI.—From the Lancashire County Mental Hospital, Winwick, Warrington.

A.—*Malarial Therapy in General Paralysis of the Insane.*—By Dr. F. M. Rodgers, O.B.E., D.P.H., Medical Superintendent.

During the year 1926 the routine treatment by malaria of all suitable General Paralytics was continued, and in this period 84 cases were under our care, of which 40 were new admissions. Primary attacks were induced in 36 patients (one of these being admitted towards the end of the previous year), the other 5 new cases being unsuitable for treatment owing to their great physical debility.

In 1926, 10 were discharged recovered, 2 to the care of their friends, and one was transferred to another mental hospital. Eighteen died.

Endeavours were continued to obtain subsequent attacks of malaria where the circumstances appeared to warrant such procedure, and a partial success was obtained, although the same " immunity " (reported last year) was still found in some degree, in spite of being largely broken down by the introduction of a new mosquito-borne strain of infection.

We still have, however, a few cases who have proved resistant to all attempts, by all routes, and by all the strains available to us, and we seem to be as far as ever from a true explanation of such " immunity," and it is, apparently, difficult to enlist the interest of bio-chemical workers in such a direction.

Our " recovery rate " in treated cases over nearly three years approximates 20 per cent., and this figure does not include five discharged cases who are subsequently known to have relapsed.

So far the treatment seems to be quite justifiable from a nursing point of view, for the habits of the treated paretic and his physical condition are in such a large proportion of cases markedly improved; whether or not the percentage rate of permanent recovery will ultimately prove to be anything like what our " recovery rate " suggests, time alone will show.

B.—*Laboratory Work.*

The routine laboratory work has consisted of:—

Photographs, 789; post mortems, 69; examination of urines, 2,441; histological preparations, 18; cerebro-spinal fluid examinations, 141; blood counts, etc., 26; malarial films, 851; bacteriological examination of fæces, 203; and of other specimens, 96.

The work in connection with post-malarial changes in the cerebro-spinal fluid has been carried on and our previous and tentative conclusions strengthened. Not only has an improvement been found in the condition (sometimes amounting almost to complete absence of a paretic reading) of the cerebro-spinal fluid to the Lange, globulin and cell count results, but in old standing cases some relapse in the fluid has been noticed, even though unaccompanied by clinical recession.

The acetic anhydride test was used on all cerebral spinal fluids examined; not only did it prove a reliable indicator of general paralysis, but it also appeared to be much less easily influenced as a result of malarial therapy. It was found to remain positive in numerous instances where the other tests were either negative or doubtful.

The comparatively large number of bacteriological examination of fæces was necessitated by the occurrence of mild, though frequent, instances of diarrhœa. Systematic and co-ordinated examination enabled the recognition of one infective patient.

C.—*Publications.*

J. E. Nicole and J. P. Steel:—

"Le traitement de la Paralysie Generale par la malaria." *L'Encephale*, January, 1926.

"Further report on Acquired Immunity to malarial inoculation." *Journal of Tropical Medicine and Hygiene*, February, 1926.

"Post-malarial condition of the Cerebro-spinal fluid in General Paralysis of the Insane." *Lancet*, June, 1926.

"Reaction of the Cerebro-spinal Fluid to the Acetic Anhydride test." *British Journal of Venereal Diseases*, July, 1926.

"Some results of a second induction of malaria in General Paralysis of the Insane." (Accepted for) *Journal of Neurology and Psychopathology*, 1927.

"Malarial Therapy in General Paralysis of Insane. A review of three years' work." (Accepted for) *Lancet*, 1927.

John P. Steel:—

"Post encephalitic Parkinsonism in the Insane." (Accepted for) *Edinburgh Medical Journal*, 1927.

VII.—From the London County Mental Hospital, Bexley.

A.—*Abstract of investigations into the derangement of the Liver function occurring in the course of artificially induced malaria.*—By Dr. R. G. Williams.

During the year laboratory tests were carried out with a view to investigating derangements of liver function occurring in the course of artificially induced malaria amongst general paralytics. The investigations comprized a series of lævulose tolerance curves, Van den Burgh Reactions, and some miscellaneous tests. In all 107 lævulose tolerance curves were done on patients undergoing malarial treatment, and 17 curves on patients with proved or suspected hepatic derangements due to other causes.

The lævulose tolerance curves were obtained in the following way:—A fasting blood sugar specimen was taken at about 9 a.m. and then 40 grams of lævulose in 8 ozs. of water given by mouth. Blood sugar specimens were then collected $\frac{1}{2}$ hour, 1 hour, $1\frac{1}{2}$ hours and $2\frac{1}{2}$ hours after the lævulose feed. It was found inconvenient (and unnecessary for the determination of a representative curve) to collect a specimen 2 hours after the feed, though for some of the curves the 2-hour specimen was collected. The analyses were done in the afternoon or evening and the Folin Calvert colorimetric method was used throughout.

Lævulose tolerance curves were done on patients—(*a*) Before inoculation with malaria, (i) mosquito bite; (ii) blood inoculation. (*b*) During the course of malaria. (*c*) After recovery from malaria. (*d*) During and after malarial relapses. (*e*) Suspected of gross liver disease. In every case some hepatic insufficiency was demonstrated by the lævulose tolerance curves to occur before the end of the malarial treatment, and in many cases the curves became abnormal after the first or second rigors. In a few cases the curves showed extreme hepatic insufficiency, and such patients remained critically ill for some days after the malaria was stopped by the administration of quinine. One such case died 8 days after the malaria had been stopped. At the post mortem examination there was found (in addition to a terminal broncho-pneumonia) pronounced necrosis of the liver. It was the occurrence of this condition in two previous fatal cases that led to these investigations.

In most cases the curves became normal soon after the malaria had ceased, but in some of the more serious cases of hepatic insufficiency the return to normal was much slower. In 4 cases who had relapses some time after their period of treatment, marked hepatic insufficiency was shown during the relapses.

Lævulose tolerance curves were obtained from: (*a*) 16 general paralytics who were given malarial treatment; (*b*) 1 tabetic who was given malarial treatment; (*c*) 4 cases of gross liver disease, *i.e.*, (1) 2 cases of severe cirrhosis, (2) 1 case of acute yellow atrophy, (3) 1 case of secondary malignant growths; and (*d*) 6 general paralytics who were not given malaria (controls).

Conclusions drawn from the curves.

A.—All the cases in (*a*) and (*b*) developed some hepatic insufficiency during the course of their malaria.

B.—After correlating the curves with the clinical courses of the cases in (*a*) and (*b*), it was concluded that a "bad" curve (a curve showing marked hepatic insufficiency) was a clear indication for stopping the malaria even when the general condition of the patient appeared satisfactory.

The curves obtained from patients in (*c*) (gross liver disease confirmed at post mortem) were compatible with those in the malarial series. The case with secondary carcinomatous deposits in the liver showed a normal curve, there being sufficient liver tissue to deal with 40 gms. of lævulose.

The curves from patients in (*d*) were in the nature of controls.

Van den Bergh reactions were done on several of the cases. As, however, the results did not appear to be as sensitive as the lævulose tolerance curves, and as 5 cc. to 8 cc. of blood were required for each test (possibly too large an amount to take frequently from an anæmic and toxic patient), the Van den Bergh reaction was not done throughout the series. In the few cases (3) in which the Van den Bergh reaction was done before the inoculation of malaria the reaction was negative. Eight tests were done on patients during their malarial period, and in each case the reaction was either an indirect positive or biphasic one. The biphasic reaction was present in those patients who had jaundice.

Several tests for the antitoxic function of the liver were carried out, but satisfactory results were not obtained. The failure was largely due to the difficulty of obtaining representative (24 or 12 hour) specimens of urine from the patients and from suitable controls.

B.—*Investigation with regard to the deposit of iron in the nervous system and other tissues in cases of General Paralysis.*—By Dr. J. Brander, D.P.M.

Investigations have been carried out with regard to the deposit of iron in the nervous system, and in the other viscera, in cases of general paralysis, without, during, and after malarial treatment.

These observations confirm the generally accepted fact that in general paralysis there is an increased deposit of iron around the vessels and in the cells, especially glial cells, of the cortex, basal ganglia and medulla. The fact that there is an apparently proportionate increase of free iron in the other viscera and the reticulo-endothelial system generally, appears to suggest that there may be in general paralysis a metabolic disturbance in addition to the local nervous lesions. It would appear that the effect of malaria is to diminish the free iron in the nervous system and in the body generally in those cases which have responded favourably to treatment.

Other examples of mental disorder besides general paralysis have been studied for comparative purposes. In view of the obscurity which still attends the metabolism of iron in the body and our comparative ignorance of the findings in normal subjects, it is felt desirable to obtain a series of normal cases to be studied in conjunction with the mental ones before any reliable conclusions can be drawn.

Some of the findings were communicated verbally, with specimens, to the Psychiatry Section of the Royal Society of Medicine.

VIII.—From the London County Mental Hospital, Cane Hill.

An investigation of unexpected fits.—By Dr. G. F. Peters, D.P.M.

An investigation of unexpected fits that occurred at Horton Mental Hospital in the years 1920-25 in female patients who were not considered to be the subjects of epilepsy or general paralysis. The investigation was finished and the results were published in the *Journal of Mental Science* in April, 1926.

Out of 2,694 patients 43 were found to have had unexpected fits, and fairly complete details of their cases were available from clinical observation and recorded histories. After excluding 19 who were found to have had definite fit-causing lesions and 12 more who had evidence of bodily disease with which fits are known to be associated at times, the remaining 12 all had conditions warranting endocrine function (particularly of the thyroid and ovaries). As this disturbance of endocrine function was the only pathological lesion that was considered to be common to the 12 patients, it was thought to have some connection with the incidence of the unexpected fits.

IX.—From the London County Mental Hospital, Claybury.

A.—*Enumeration of Parasites in therapeutic malaria.*—By Dr. G. de M. Rudolf, D.P.M., and Dr. J. C. Ramsay.

Parasite counts were undertaken with the object of endeavouring to trace variations in the numbers in individual groups of parasites. In 10 cases the counts were performed daily, in 4 cases every 4 hours. In 13 cases a decrease of parasites was found as the half-grown forms developed to young ring forms, that is during the period when the old parasite divides into from 15-20 young ones. This decrease was present in 97·9 per cent. of instances. Either a great destruction of parasites occurs or a migration into the internal organs. In 10 cases an increase was noted as the parasites developed from small rings to half-grown forms. The increase was found in 60·9 per cent. of instances. It may be due to older forms emerging from the internal organs or to a delay in the development of the young forms. A marked decrease in the number of parasites was found during the fever, but an increase in the apyrexial interval.

In 4 patients the parasites were very scanty for the first few days, but later suddenly increased. In 5 patients the number of parasites varied with the degree of fever. The gametocytes tended to vary with the asexual forms.—(*Journal Tropical Medicine and Hygiene*, xxx, p. 1.)

B.—*Some observations on carbohydrate metabolism in therapeutic malaria; with special reference to glucose and insulin administration.*

By Dr. G. de M. Rudolf, D.P.M., and Dr. R. G. B. Marsh.

After malarial therapy glycosuria was found in 15·4 per cent. of 39 general paralytics whose urine was examined once, whereas in 112 untreated paralytics admitted to Claybury it was found in only ·9 per cent. Three of the urines positive for glucose were passed more than 2 hours after meals. The urine of 10 paralytics previously treated with malaria was examined from 8 to 67 times in different patients. Nine cases showed glycosuria at some time, and in 8 of these the urine had been passed more than 2 hours after meals. In only one of the 255 specimens examined was more than a trace of sugar present.

Blood-sugar estimations were carried out on general paralytics before inoculation with malaria, during the incubation period, in the apyrexial intervals and during the fever. On fasting patients the blood-sugar was found to vary inversely with the temperature. In consequence of the decrease of blood-sugar, glucose was given by mouth during the fever. The patients were much relieved as regards headache and other subjective symptoms, but no change in the objective signs, such as shivering, sweating, etc., was observed. There was apparently no effect upon the course of the fever or the number of parasites. As the comfort of the patient is

increased by the administration of the glucose it is now given as a routine. Ten ounces of 5 per cent. solution are given every 2½ hours whilst the temperature exceeds 100° F.

As the blood-sugar and the parasites were found to decrease during the fever, it was thought that the administration of insulin might decrease the number of parasites. Ten courses of insulin were therefore given to 7 patients. Somewhat indefinite results were obtained as regards the number of parasites, although in some cases a decrease occurred. On the other hand, in 8 instances the fever either ceased or decreased after the insulin. As the doses given were very small, 5 units being the usual dose, it is probable that further experiments would determine the dosage necessary to destroy the parasites completely. Two strains of *P. vivax* were used in these experiments. The fall of blood-sugar produced by the insulin would not appear to be the cause of the effect of the drug.—(*Journal Tropical Medicine and Hygiene*, xxx, p. 57.)

X.—From the London County Mental Hospital, Hanwell.

A.—*Wassermann reaction of blood serum in male admissions to Hanwell Mental Hospital.*—By Dr. G. A. Lilly, M.C., D.P.M., and Dr. E. L. Hopkins, M.C., D.P.M.

Blood serum on every admission was withdrawn aseptically and sent to Maudsley Hospital for Wassermann test from December 20th, 1923, to December 29th, 1925. Cases 412. Sera proved positive in 105 cases, or 25·48 per cent. Positive sera were obtained in 8 mental disorders presenting symptoms not suggestive of syphilitic infection. Treatment and further investigation continued throughout 1926.

Summary.—(1) It is felt that routine blood examination should be carried out. (2) A positive serum indicates routine examination of c.s.f. (3) Cases in which serum was positive and c.s.f. was negative gave good results to antisyphilitic treatment.—(Published in *The Journal of Mental Science*, January, 1927.)

B.—*Some observations on the blood-sugar in Dementia Præcox.*—By Dr. H. D. Hayes, D.P.M.

The investigation was the character of the blood-sugar curve and the influence of certain sympathomimetic drugs on these sugar curves; and also the action of pituitary, adrenal, and thyroid gland extracts on the blood-sugar of dementia præcox. Fifty well marked cases were selected, 25 of each sex; and 11 male cases were selected for the investigation of the action of the sympathomimetic drugs and of the endocrine glands. The technique employed was Calvert's. The drugs employed were atropine and pilocarpine in dosage of 1/100 gr. and 1/10 gr. respectively. Precautions were taken to obtain as great a degree of uniformity of conditions as possible.

The following are the conclusions arrived at:—

1. There is no type of blood-sugar curve pathognomic of dementia præcox.

2. In dementia præcox there is defective glycogenesis which appears to be more evident in katatonia than in hebephrenia, and this abnormality is more evident in the female.

3. A low curve is more common in the male dementia præcox.

4. That defective glycogenesis is more evident in cases of long duration and a high level curve more frequent in these cases.

5. Age does not appear to influence the incidence of abnormal curves in dementia præcox.

6. The renal threshold is raised in these cases with hyperglycæmia.

7. That the results obtained by the administration of the sympathomimetic drugs were too anomalous to draw conclusions. That the administration of thyroid gland extract did not induce the usual hyperglycæmia in 4 out of 6 cases. That the injection of 1 cc. pituitrin (Infundin) intramuscularly accompanied by the ingestion of 50 gm. glucose was not accompanied by glycosuria in 7 out of 10 cases.

—(Extract from Thesis read at Edinburgh University, December, 1925.)

XI.—From the London County Mental Hospital, Horton.

General Report.—By Lt.-Col. J. R. Lord, C.B.E., F.R.C.P.E., Medical Superintendent.

Analysis of pathological investigations.—Urine examinations: routine chemical, 1,399; bacteriological, 35; sugar estimations and examination for acetone bodies, 216; diastase reaction, 53; urea concentration, 20. *Stools*: 176 complete examinations for enterica group and B. dys. (No. containing B. typhosus, 2; B. paratyphosus B., 3; B. coli anerogenes, 3); 23 examinations for B. tuberculosis (present in 2); 10 examinations for occult blood. *Blood*: 6 agglutinations for enterica group (agglutinated—B. typhosus, 2; B. paratyphosus B., 3); 7 cytological examinations and estimations of hæmoglobin; 50 for sugar contents. *Pus*: 14 examinations for pathogenic organisms. *Throat swabs*: 126 examinations for B. diphtheria, etc. (K.L.B.'s isolated from 5 swabs—one found to be a very virulent type). *Sputum*: 29 examinations for T.B. and other pathogenic organisms (T.B. found in 4 specimens). *Tissues*: 220 histological examinations. Post mortem examinations were held on 90 patients.

The treatment of general paralysis of the insane by induced malaria.—For the purpose of this treatment, the Board of Control, in consultation with the Ministry of Health, decided, towards the end of 1924, to make an official arrangement for the supply of a suitable strain of the malarial organism. It was considered (1) that it would be desirable to use the same strain in as many hospitals as possible; (2) that the supply must be free from the risks inherent in strains obtained from seamen and others who had contracted their malaria abroad; (3) that the method of inducing malaria by the direct inoculation of blood from G.P.I. patients to other patients is open to serious objections. For these reasons it was decided that the official arrangement for providing material for inoculation should be an arrangement by which a pure strain of the Benign Tertian parasite would be cultivated in mosquitoes and would be made available for inoculation by mosquito bites instead of by the direct blood method. The Horton Mental Hospital was selected as being most suitable for the work of preparing and maintaining the strain of malaria in mosquitoes; and Dr. S. P. James, of the Medical Staff of the Ministry of Health, in collaboration with the Medical Superintendent of the Hospital, undertook the necessary arrangements. A treatment block and laboratory were mosquito-proofed and furnished by the Horton Mental Hospital Sub-Committee, and the scientific equipment of the laboratory was provided by the Ministry of Health. Dr. W. D. Nicol undertook the medical care of the patients and Mr. P. G. Shute, laboratory assistant, Ministry of Health, was appointed for the laboratory work. The arrangements were completed in April, 1925, and since that month requests from 74 hospitals in England, Wales and Scotland for the inoculation of patients by mosquito bites have been complied with, the total number of patients so treated being 448. In addition to overcoming many of the difficulties previously experienced by mental hospitals in connection with obtaining a supply of suitable material for treatment, the work has enabled certain studies to be made in malarial epidemiology and its clinical features and treatment which seem likely to lead to results of considerable value in dealing with that disease wherever it occurs. A first account of these results has been published by Dr. James as a report to the Malaria Commission of the Health Section of the League

of Nations. In 1926 the treatment block and laboratory were visited by professors from France, Italy, Germany and Holland with a view to establishing the same arrangement in their respective countries. Foreign medical officers attending a special course of malariology at the London School of Hygiene were also given an opportunity of studying technical methods in the laboratory.

Results of treatment (Horton), June, 1925, to February, 1927 (inclusive):—

Total number treated	45
Number discharged recovered	9
,, convalescent and "on trial"	4
,, markedly improved	13
,, not improved	10
,, died from General Paralysis	2
,, died from other causes*	3
,, remaining under treatment	4

X-Ray Department.—During the year the installation has been thoroughly renovated and improved. The number of successful plates registered was 284. The number of cases examined was 186, of which 72 were from other London County Mental Hospitals. The work of the department comprizes the diagnosis and treatment of both medical and surgical cases.

Actino-therapeutic Department.—(Officer i/c Dr. A. C. Hancock, M.C., D.P.M.).—The types of lamps employed—Hall's Mercury Vapour Lamp and Tungsten Arc Lamp.

It is hoped soon to have batteries of carbon arcs, as are used in most general hospitals.

Method of employment—Both local and general treatment is usually carried.

(1) *General.*—The minimum erythema dose is calculated by the "Window Sleeve" method as cases arrive for treatment. Exposures are given on the four usual sites in succession on four successive days each week. In this way each site is light sensitive and is given an interval between exposures.

(2) *Local.*—For most cases one minimum erythema dose is given for local lesions on each day the general treatment is given.

Types of cases treated: (1) Furunculosis acne and many chronic skin conditions. In these cases treatment has been most successful. Neighbouring mental hospitals are also sending cases, both patients and staff, who are greatly benefiting by the treatment. (2) Surgical tuberculosis. These cases have also shown marked improvement. A member of the staff who had large masses of tuberculosis glands in the neck while waiting for a bed in hospital for surgical treatment was submitted to this treatment both local and general. The glands completely cleared up, her general improvement was most marked and the bed in hospital was cancelled. (3) Obstinate ulcers from various causes have cleared up in a remarkable way and without recurrence. (4) Mental states. All cases have shown a marked improvement except those suffering from dementia præcox.

Light treatment is commencing as an adjunct to malarial infection treatment of general paralysis.

XII.—From the Central Laboratory of the London County Mental Hospitals.

A.—*The Schizophrenic Paranoid Series.*—By Dr. Edward Mapother, F.R.C.P., F.R.C.S., Medical Superintendent of the Maudsley Hospital.

Four articles emphasizing the special continuity with one another of those mental syndromes separated by Kraepelin under the names of

* Bronchopneumonia, carcinoma of cervix, methæmoglobinæmia.

dementia præcox, paraphrenia and paranoia. All are characterised by the intermixture in varying measure of three anomalies, (*a*) introversion, (*b*) schizophrenia and symbolism, (*c*) the paranoid reaction, together with projection, over compensation and rationalisation.

The ætiology is discussed; no specific cause is known for the group as a whole or for any of its sub-divisions. A complex of interacting factors is usually responsible, of which innate and often hereditary predisposition is the most nearly constant. Inconstancy of causation implies inconstancy of course. The view taken is one more hopeful than that usually suggested by Kraepelin's writings. Some indications are given for individual prognosis as regards (1) likelihood of complete recovery, (2) likelihood of remission, (3) probable degree of lasting deterioration.

Clinical distinction of organic syndromes resembling the "functional" ones of this group depends on identification of physical symptoms or causes. Differentiation from other functional syndromes is mostly unreal, since difficulties usually denote that both coexist. Indications for treatment are briefly stated.—("Early Mental Diseases," published by *The Lancet*.)

B.—*Manic-Depressive Psychosis.*—By Dr. E. Mapother, F.R.C.P., F.R.C.S.

The delimitation of this is discussed and the view taken is that suggested by Kraepelin in later work, viz., that the phasic and apparently spontaneous type of the syndrome is only one striking variety, and that the groups termed neurasthenia and anxiety neurosis are continuous with graver forms of depression. Differences in the ratio of deprivation and decontrol symptoms are discussed and also clinical variations in the type and intensity of emotional, psychomotor and intellectual anomalies. Intermixture with other abnormal reaction types is mentioned and brief reference is made to recent findings indicating the physical basis of the "functional" mental disorders generally. The complexity of ætiology is stressed and the necessity to avoid basing treatment on a personal identification with some particular doctrine.—(*Opening paper of a discussion at the Annual Meeting of B.M.A.*, 1926. *B.M.J.*, Nov. 13th, 1926.)

C.—*Early Mental Disease. Alterations in Character and Conduct. Symptoms in Adults.*—By Dr. A. A. W. Petrie, M.R.C.P., D.P.M.

Regression, showing the analogy which can be drawn between the stages in development and the regression to those earlier levels in various forms of mental disease, is described. A similar analogy is drawn between the stages in the development of and deterioration in character.

The conduct, corresponding to the different evolutionary levels pointed out by Hughlings Jackson, is described, and the effects on these of drugs such as alcohol and of mental disease is noted.

The bizarre attitudes and altered behaviour characteristic of various forms of mental disorder is briefly reviewed.

Obsessional, suicidal and homicidal impulses are described, and some characteristic disorders of speech and writing are briefly dealt with.—(*Lancet Extra Numbers, No.* 2.)

D.—*The Teaching of Psychiatry to Medical Students.*—By Dr. W. S. Dawson, M.R.C.P., D.P.M.

The need for alteration in the teaching of Psychiatry is very apparent, and recently has been commented on by the Royal Commission.

England is in this respect very far behind other countries, especially the United States, where extensive mental hygiene movements are taking place. In America the courses in Psychiatry are long and comprehensive, and especially is this so in the case of John Hopkins Hospital, where there are obligatory courses in four years of the medical curriculum. It is advocated that the teaching of psychiatry should be carried on, parallel with instructions in ordinary medicine and the allied sciences, and that thereby the student would gain a wider outlook on both the physical and

the psychological aspects of disease. By this means, too, more importance would be attached to the study of mental disease instead of its being an unconsidered trifle as at present.

To much stress is at present laid in an all too inadequate series of lecture demonstrations on the study of chronic mental defect and incurable insanity, thus giving the student an unnecessarily pessimistic outlook, and neglecting the earlier and milder manifestations such as are met with in practice and in which investigation and research are more likely to prove of value.

E.—*Abstracts of* 1926 *work.*—By Dr. Mary Barkas, M.Sc., D.P.M.

Publications:—

1. "Social conditions as a factor in the causation of mental disorder."—(*Journal of State Medicines*, Vol. xxxiv, No. 6.)

Discussion of how far prevention of mental disease is possible by means of social hygiene (*a*) by segregation or sterilisation of definitely hereditable mental defect. (*b*) By ameliorating social conditions which act on child, adolescent, and adult as predisposing or precipitating factors, e.g., provision of continuation schools and training for adolescents, removal of toxic industrial products, treatment and notification of disease and improved social hygiene in general.

2. "Somnifen treatment in the psychoses." (In collaboration with Dr. Dawson.—(*Lancet*, December 4th, 1926, p. 1155.)

General discussion of treatment by twilight sleep state induced with somnifen. Thirteen cases described. Results on the whole showed no lasting benefit and some degree of risk in using this drug from cardiovascular failure.

3. "Tonic spasm of the eyes in conjugate deviation." *Lancet*, August 14th, 1926, p. 330.

Three cases described with spasmodic deviation of eyes as symptoms—one is progressive lenticular degeneration, the others probably post-encephalitic syndromes. Emotional depression associated with spasm, discussion of relation between seemingly hysterical manifestations in organic diseases of basal ganglia.

Other work:—

1. Treatment of cases of post-encephalitic Parkinsonism with injection of heated red blood corpuscle stroma—negative clinical results but production of punctate basophilia found.

2. Investigation of thiosulphate test of kidney function and iodine value in urine. Thiosulphate tests kidney function satisfactorily, but fails to show any lack of oxidative power in tissues in cases of catatonic stupor.

Iodine value found to depend on acidity of urine and not to have significance attributed to it in the literature.

F.—*A study of the patellar reflex in epidemic encephalitis with special reference to the effect of hyoscine upon it.*—By Dr. J. S. Harris, D.P.M.

Conclusions:—1. The great majority of cases of epidemic encephalitis, especially those which exhibit Parkinsonism, give a definitely abnormal patellar reflex.

2. Hyoscine, which has been shown to produce marked temporary improvement in these cases, causes the abnormal knee jerk to approximate more closely to the normal.

3. Cases of catatonic dementia præcox with well marked rigidity show abnormal knee jerks which closely resemble some of those found in encephalitic Parkinsonism, but hyoscine signally fails to exert a beneficial action on these abnormal knee jerks.—(Published in *Lancet*, May 6th, 1927.)

G.—*Chronic epidemic encephalitis.*—By. Dr. J. S. Harris, D.P.M. (in collaboration with Dr. P. K. McCowan, M.R.C.P., D.P.M.)

This paper, which was read before the Royal Medico-Psychological Society, dealt with the work which had been carried out in the encephalitic unit at West Park Mental Hospital in conjunction with the Maudsley laboratory during 1926. Blood sugar investigations, the action of hyoscine, treatment with hyoscine, tryparsamide, argotropine, sodium bromide, endocrine extracts, artificial fever and protein shock were some of the points dealt with. Diagnosis and prognosis were also discussed.—(Published in the *Journal of Mental Science*, January, 1927.)

H.—*The value of malarial therapy in dementia paralytica.—Preliminary Report* furnished by Dr. F. Golla, F.R.C.P., Director of the Pathological Laboratory at the Maudsley Hospital.

The subjoined summary embodies findings from statistics upon this subject obtained from the London County Mental Hospitals, which were published in the *British Medical Journal*, October 2nd, 1926.

Summary.

(1) Malarial therapy produces a greater number of remissions and a smaller death rate than occurs in untreated cases. Complete remissions occur in about one-third of the cases in a mixed series, but in a much greater proportion if only cases with histories of dementia paralytica of less than eighteen months are treated.

(2) The addition of neosalvarsan to the febrile treatment decreases the death rate amongst the cases unfit for discharge, and perhaps increases the number of complete remissions that occur.

(3) All the medical officers are agreed that in a majority of the cases treated by malarial therapy, which proves to be unfit for discharge, a marked improvement in general well-being, cleanliness, and conduct was observed.

XIII.—From the Cheshire County Mental Hospital, Parkside, Macclesfield.

A.—*Some notes on Actinotherapy.*—By Dr. H. Dove Cormac, D.P.M.

With a view to testing the theory put forward by some authorities that the action of cool air on the skin plays a considerable part in the production of the beneficial effects of ultra-violet ray treatment and noting the difference in the action of these re-agents, the following experiment was carried out on members of the female nursing staff who volunteered for the purpose.

The nurses were divided into two groups of 7 and 6, the first group being subjected to an eight weeks' course of ultra violet radiation, while the second group had a course of what may be called cold air treatment. The blood pressure and the basal metabolic rate were recorded and a blood count made before treatment, at the end of 4 weeks, and finally at the conclusion of the test. The experiment was conducted during the months of February and March.

The first group were given a course of treatment with an 80 ampére carbon arc, commencing with a dosage of 5 minutes for the front of the body and 5 minutes for the back, increasing each by one minute daily to 30 minutes, at a distance of 3 feet from the arc. The room temperature varied from 68 degrees to 70 degrees. The second group were required to take gentle exercises without clothing in the sunlight enclosure before sunrise, the period of the exposure being the same as for the first group, average temperature 37.4. Each member recorded notes of the condition of the one preceding her on the list. A comparison of the results showed that in both groups there was marked increase of appetite, improved

general health, less feeling of tiredness at the end of the day's work and that sleep was greatly improved.

Weight.—In group I. every individual gained weight, the amount varying from 2 to 6 lbs. and the average being a gain of 3 lbs. 5 oz. In group II. two gained while three lost weight, the resulting average being neither loss nor gain.

Blood pressure.—In group I. there was an average increase of 3 in the systolic pressure and 1·5 in the diastolic. In group II. the systolic pressure was lowered by 7 and the diastolic by 3.

Blood count.—Group I. Average small diminution 25,000 of the red corpuscles, while the leucocytes showed an increase of 1,500. Group II. Increase on average of 23,600 red corpuscles, leucocytes being diminished by 3,000. In group I. the hæmoglobin and colour index slightly increased as compared with group II. The basal metabolic rate was to a small degree increased in both groups.

The most marked differences between the two groups was the increase of weight and leucocyte count in group I., which seems to point to the greater benefit of the ultra violet rays, but no conclusion could be arrived at as to the influence of cold air.

B.—*Laboratory investigations.*—By Dr. H. Stafford.

During the year 3,115 investigations in all have been carried out in the pathological laboratory; a summary of these is as follows:—

Routine urine examinations, 1,073; bacteriological examinations—of urine (cultures) 65, fæces 118, sputum 28, pus, exudates, etc., 21; chemical and bacteriological examinations of blood (blood sugar, blood urea, blood cultures), 30; full blood counts, 85; examinations of blood films for malarial parasites, 32; tissue sections for microscopic examination, 217; agglutination reaction of blood serum, 1,280; Wassermann reactions of blood and c.s.f., 166.

Enteric fever.—Owing to the occurrence of an epidemic of B. typhosus infection in the hospital, which commenced in April and remained until the end of the year, much of the time of the laboratory has been occupied in the diagnosis of cases and the endeavour to discover possible carriers.

As regards methods of diagnosis, that of blood culture has been indubitably the most satisfactory. Almost all the cases were constipated throughout their illness, and specimens of fæces suitable for examination were scanty. In only one case was the bacillus isolated from urine, and then at a stage well on in convalescence on examining the excreta prior to discharge from the isolation wards. The appearance of a positive agglutination reaction in the serum is comparatively late, not being found before about the tenth day in most instances, and in one case which terminated fatally following a hæmorrhage in the fifth week the Widal reaction was throughout persistently negative, though B. typhosus had been obtained from the blood on the fifth day.

Blood culture was performed on all suspected cases immediately on the discovery of pyrexia, and consistently proved a most reliable means of arriving at an early diagnosis; in practically every case where the culture was negative no positive Widal reaction appeared subsequently, and evidence of some other cause for the illness was eventually forthcoming. A point of interest was that occasionally an organism exhibiting all the cultural reactions of B. typhosus was obtained from the blood, which entirely failed to show any agglutination with typhoid serum until after being several times sub-cultured.

In the course of the investigation attention was first paid to workers in the kitchens and stores and on the farm, and to a number of patients known to have suffered from typhoid fever previously. The first case in the present outbreak was that of a sister who had charge of a very wet and dirty patient who had typhoid fever in 1921, and whose serum still

agglutinates B. typhosus in low dilutions, though numerous cultural examinations of her excreta have been negative. Later the blood serums of all patients in wards from which cases of typhoid infection had come were tested for agglutination of the typhoid bacillus and the paratyphoids A and B, with the results summarised in the subjoined table:—

Ward.	Number of Patients.	Number of patients giving positive agglutination of B. typhosus.*	Percentage.
F. 11.	36	6	16.67
F. 5.	96	7	7.29
F. 3.	68	7	10.29
M. 8.	36	2	5.55
M. 5.	112	11	9.82
M. 3.	74	5	6.76

It will be seen that of 422 serums examined, 38 (9·00 per cent.) showed agglutination of B. typhosus in some dilution higher than 1 in 20, all these being from patients who had never had an attack of typhoid nor had received protective inoculation at any time previously. Though repeated cultural examinations of urine and fæces were made of all patients (inoculated or otherwise) showing agglutination, this resulted in the detection of only one carrier, from whose fæces B. typhosus was isolated.

In this serological investigation were included 62 men who were inoculated against the typhoid group of organisms whilst in one of the services during the war; it was found that 29 of these (46·77 per cent.) still show evidence of antigenic response to one or more of the bacilli concerned. In this group B. typhosus was agglutinated in 29, B. paratyphosus A in 14, and B. paratyphosus B in 9 cases.

Dysentery.—Small outbreaks of dysentery occurred in January and March of the year under consideration; there were 11 cases altogether, and all were typical with liquid stools containing obvious blood and mucus from which B. dysenteriæ (Flexner) was isolated in every case. Agglutination reactions were again somewhat anomalous: in one case the organism obtained was agglutinated by type W serum only, whereas the patient's serum only agglutinated type Y culture (and the bacillus obtained from her stool). The serums of all the patients in the ward where the large majority of these cases occurred were investigated for agglutination of all 5 strains of Flexner's bacillus; it was found that 20 of the 36 cases gave the reaction with one or more strains, type Y being that most commonly agglutinated, and in higher titre than other types.

Other cases of "colitis" have occurred sporadically; in these there has never been gross naked-eye evidence of blood content in the stools, and B. dysenteriæ or other pathogens were not obtained from any of them—the only cultural characteristic of many of them being a very different overgrowth of streptococcal colonies on litmus lactose agar plates. From one case of severe diarrhœa in the terminal stage of general paresis a rapid liquefier of gelatine was obtained in cultures, which gave fermentation reactions similar to those of B. cloacæ.

Wassermann reactions.—During the year 8 males and 4 females of the admissions have yielded positive Wassermann reactions in the blood serum—that is 10·39 per cent. of the total male and 2·33 per cent. of the total female admissions in the 12 months.

* Excluding positive results of cases known to have had a preceding attack or to have been inoculated against T.A.B.

C.—*The origin of the functional psychoses.*—By Dr. L. C. F. Chevens, D.P.M.

Work has been carried out in connection with the origin of the functional psychoses—schizophrenia, the manic depressive psychosis and paranioa.

The subject was approached in the following way. A study of patients' personalities was made and summarised under eleven headings for comparative purposes. As full a history as possible was obtained from all sources. Suitable patients were encouraged to discuss their life histories from their earliest memories. In other cases, *e.g.*, manics, extensive records were kept of the so-called "ravings," and an effort was made to note down, as far as possible, the conversation of all subjects verbatim.

In this way such potent factors as childhood influences, life stresses, baffled instinctive urges and unfulfilled desires were ascertained and compared with the symptom syndrome presented by the patient.

The following conclusions were arrived at:—

The mechanism in all the functional psychoses is similar, *i.e.*, the real situation is intolerable owing to the non-satisfaction of the patients' urges and desires, so that satisfaction is acquired in a world of phantasy. Whereas those with normal personalities attack the actual environment and attempt to fit themselves to it, or it to them, those who develop a functional psychosis have abnormal personalities. This abnormality probably has a physical basis (*e.g.*, abnormalities of endocrine balance or general physical health). Psychotics shirk reality when it is unpleasant and retire into a pleasant thought world.

This world is pleasant for the following reasons:—

(1) *Schizophrenia.*—The patient passively retires from his environment and satisfies all his desires in a world of phantasy.

(2) *Manic-depressive psychosis.*—The patient is much more active and has struggled with environmental conditions. A precipitating cause can often be distinguished which makes the patient give up the struggle and secure satisfaction temporarily in a world of phantasy—the manic attack. This is often preceded by a period of depression, during which the patient's attention is fixed on the unpleasant circumstances in his past which have tended to produce his psychosis. During the manic attack the effect is one of exultation, owing to the feeling of escape from all inhibitions and the feeling that all his desires have been realised. In cases in which depression is the more marked feature, this depression itself is thought to be an escape from reality. The patient toys with the idea of death (*e.g.*, "I'd be better dead") as a means of escape from stresses too great to bear.

(3) *Paranoia.*—Failure to achieve is not due to inefficiency on the part of the patient, but to the machinations of others. The greater the delusions (of persecution, bodily ill health, etc.) the less the blame attached to himself in the patient's opinion. He can overlook his own imperfections and failure to satisfy his desires.

The rôle of the personality as the cause of the superficiality or deepness of the reaction is stressed, but the mechanism in all cases may be summed up in the phrase, "escape into the psychosis."—Précis of work to be published in the *Journal of Mental Science.*

D.—*Observations on the effects of the injection of hyoscine hydrobromide on post-encephalitics.*—By Dr. G. G. Parkin.

Six cases (females) were under treatment, one of whom was not a marked case. Hypodermic injections were given in the arms as follow:—1/200 grain morning and evening for a week, then 1/200 grain in morning and 1/100 grain in evening for a week, then 1/100 grain in morning and

1/100 grain in evening for 7 weeks, when the injections were stopped for a week and then resumed.

Among the points noticed were:—(i) All patients complained of dryness of the mouth lasting 1 to 2 hours, and also being "either mazy or sleepy" for 1 to 2 hours. One patient complained "that it spoiled her sight," although it was known that her sight was impaired before treatment and no difference was noticed. (ii) One patient complained that her speech became worse, although this was not apparent to anyone who spoke to her. (iii) Three cases with lachrymation showed no improvement of this symptom. Excessive salivation in 3 cases lessened a little, while one case did not improve until atropine sulphate grain 1/100 daily was added to the injections of hyoscine. (iv) No improvement in tremors or rigidity in the 4 cases which showed these symptoms. (v) In 5 of the cases there was no improvement in the gait; in the other, who had a marked stoop, there was a little more alertness shown, although the original stoop did not improve. (vi) One case only seemed a little worse generally when the treatment was stopped for a week, in the other five no difference was noticed. (vii) One case later after treatment had been resumed appeared to become worse mentally and physically, and treatment was stopped and not renewed, in the others no ill-effects except the temporary discomforts mentioned above were noticed. (viii) Three of the cases said they felt better for the treatment although this was not apparent. One of these was removed by relatives in exactly the same state as on a previous occasion when she had had no treatment. She was not a marked case. (ix) In a seventh case (treated privately), the symptoms of dizziness and sleepiness, which were prominent after hypodermic injections of the drug, were absent when taken orally. Excessive salivation was checked as long as the effect of the drug lasted, but otherwise there appeared to be no amelioration of the general signs of the condition. In this case the dose was increased to 1/40 grain daily.

These results do not agree with the statement of some other observers that hyoscine is of the nature of a specific in the treatment of encephalitic Parkinsonism.

XIV.—From the Essex Mental Hospital, Severalls.

A.—*Report of Clinical and Pathological Investigations.*—By Dr. R. C. Turnbull, Medical Superintendent.

(1) Two patients and one male nurse were examined as possible typhoid carriers. Two of these had definitely had typhoid. All three were found in a series of examinations to be completely negative.

(2) Experiments have been made throughout the year by associating the sigma flocculation tests with the Wassermann reaction, and it is found that the former is of considerable value in confirming the latter, especially in doubtful cases.

(3) In the routine laboratory work 138 c.s.f's. have been completely examined.

The acetic anhydride-sulphuric reaction, which has attracted some attention in America and in this country, and has been alleged to be almost specific for G.P.I., has been tried on over 100 c.s.f's. It was found to be positive in almost every case, and is therefore quite useless as a test for general paralysis or any form of neuro-syphilis.

(4) Treatment of general paralysis by means of induced malaria has been continued, and the following is a précis of the results of the year's work:—Total number of patients treated, 16 (2 F., 14 M.); mode of inoculation—in 13 cases blood, in one case mosquito.

Results:—(*a*) One female case improved to such a marked extent that she was considered a recovery. (*b*) Five male cases improved very considerably and in four the improvement has been maintained sufficiently to

enable their discharge. (*c*) Three male cases improved. (*d*) Five cases—one female and four males—showed no improvement. (*e*) Two cases have died.

B.—*Publication.*

"A commentary on two cases of Huntington's Chorea," by Dr. A. F. Grimbly, D.P.M., and Dr. Isabel G. H. Wilson, D.P.M., was published in the *British Medical Journal*, May 8th and 15th, 1926.

XV.—From the Kent County Mental Hospital, Chartham.

Case of General Paralysis with Benign Tertian Malaria.—By Dr. G. T. Baker, M.C., D.P.M.

H.C. (aged 39), a retired ship's carpenter, was admitted to this hospital, 18th January, 1926, with the signs and symptoms of general paralysis, and a history of malaria and heat stroke. The blood and c.s.f. were taken on 21st January, 1926, and both reported completely positive in the Wassermann. The patient was confused, quite disorientated, wet and dirty in habits, much hallucinated and very restless. By the beginning of April he had quieted down sufficiently for a course of Starcke treatment to be begun; however, before the fourth injection could be given he had again become very restless and troublesome, and the treatment had to be abandoned. There was then little change in his condition until 1st August, when he had two bouts of fever to 103° with one day intervening, when his temperature was sub-normal. The blood was examined and B.T. malarial parasites were found to be present. Fifteen typical rigors followed, with one or two atypical ones, and as there was no improvement in his mental condition quinine treatment was commenced. On the 6th September the patient died, having previously sustained retention of urine and multiple syphilitic sores.

The interest in this case would appear to be in the fact that the patient had malaria of long standing and that general paralysis developed in spite of this, and also that a further severe relapse of malaria in no way hindered the progress of the cerebral condition to a fatal termination.

XVI.—From the Staffordshire County Mental Hospital, Stafford.

General Report.—By Dr. B. H. Shaw, *Medical Superintendent.*

(a) *An investigation of cobra venom hæmolysis as an aid to diagnosis in certain Mental Disorders.*—During the past year the so-called psycho-reaction of Much has been investigated. This reaction depends on the hæmolytic action of cobra venom and the fact that, while normal serum does not interfere with the hæmolysis of human red cells, if the serum of patients suffering from primary dementia be used no hæmolysis results. —(Much and Holzmann, *Munich Med. Wochenschr.*, 1909).

Through the courtesy of Lt.-Col. J. Morison, of the Parel Laboratory, India, to whom I am much indebted, I was able to obtain a powerfully hæmolytic cobra venom.

Much and Holzmann's technique was carried out with inactivated normal serums, but after incubation no hæmolysis whatever resulted. That is to say, ·4 c.c. of serum, the amount used, definitely inhibited hæmolysis in every case.

Further investigation showed that using ·5 c.c. of 1 in 20 dilution of normal serum, no hæmolysis occurred, using 1 in 80, marked hæmolysis occurred, and using 1 in 160, complete hæmolysis resulted. Using these dilutions of serum, 140 cases of mental disorder were investigated. Owing to the indefiniteness of endpoints in this reaction, the determining of the degree of hæmolysis with accuracy is a matter of very considerable difficulty, and there is no such finality in the process as exists in complement fixation work.

The results of each day's work were compared with the behaviour of the reaction given by normal controls, and the figures arrived at were roughly as follows:—

Dementia præcox -	28	cases.	Inhibition	present	in	86%
Syphilis - - -	27	,,	,,	,,	,,	89%
Mania - - -	8	,,	,,	,,	,,	50%
Melancholia - -	17	,,	,,	,,	,,	23%
Confusional - -	25	,,	,,	,,	,,	32%
Epilepsy - - -	31	,,	,,	,,	,,	64%
Delusional - -	4	,,	,,	,,	,,	100%

Although there is a certain suggestiveness shown in the above figures, I do not wish to place much weight on the findings for reasons already mentioned. It is possible also that with the accumulation of cases and normal controls this suggestiveness might disappear.

(b) *Ultra Violet Rays in Mental Hospital practice and Actinotherapy.*—The installation of apparatus during the early part of 1926 to provide for artificial helio-therapy gave Dr. Drury the opportunity of investigating the means of treatment with regard to mental hospital patients, and the results of his research were compiled in a paper read before the Royal Medico-Phychological Association at their quarterly meeting in February, 1927, and published in the Journal of the Association.

He draws the following conclusions from the results of numerous exposures to the rays:—

That in the following classes of mental diseases exposure is contra-indicated:—Epilepsy; agitated melancholia; mania.

That the following states benefit materially:—Simple melancholia; confusion; delusional cases who are debilitated.

He finds that the mental state in primary dementia is unchanged but the bodily condition improves.

The rays have a very definite use in promoting the general nutrition of patients. They are also extremely useful in various local conditions such as tubercular glands, lupus, acneform eruptions, boils, carbuncles, rheumatism, etc.

The general conclusion is that the cost of the installation of the apparatus is easily outweighed by the benefits derived therefrom.

(c) *Some symptoms referable to the Basal Ganglia occurring in Dementia Præcox and Epidemic Encephalitis.*—Dr. C. Farran-Ridge, at the annual meeting of the Royal Medico-Psychological Association held in London on the 14th July, 1926, read an interesting paper entitled "Some symptoms referable to the basal ganglia occurring in dementia præcox and epidemic encephalitis," in which he incorporated some of the results of a long clinical research into the bodily symptoms of dementia præcox.

The paper, under the sub-headings of wasting and obesity, fluttering of the eyelids, pruriginous phenomena, chewing movements, greasy face, respiratory disorders, and choreiform manifestations, deals with a number of symptoms of dementia præcox which can be attributed with a high degree of probability to lesions or functional disturbances in the region of the basal ganglia.

Dr. Farran-Ridge points out in a very illuminating way how close the resemblance is between these symptoms and similar symptoms met with in epidemic encephalitis, and suggests that just as in epidemic encephalitis the virus tends to attack selectively, or at least predominently, the basal ganglia, so in dementia præcox the main incidence of the disease process tends to fall on the same portion of the brain.

XVII.—From the East Sussex County Mental Hospital.

General Report.—By Dr. A. G. Shera, Pathologist.

1. Certain items dealt with in the annual report in connection with a small outbreak of B. Flexner dysentery.

2. Research upon the evidence as to acidosis in new admissions (incomplete as yet) and other unclassified chronic patients. A series of 37 cases was taken.

The acidity of the urine in terms of N/10 NAOH and PH were determined. The ratio $\frac{\text{urea nitrogen}}{\text{ammonia nitrogen}}$ was worked out, (acidosis ratio). At the same time the urine was examined for sugar derivatives, indican, albumen and centrifuged deposits: twenty-four hour specimens were taken.

The blood was also dealt with, and Sellard's acidosis test worked out in every case, likewise the PH. The blood PH method was found to be insufficiently accurate and abandoned in favour of the much more delicate method of Austin and Cullen. The plasma bicarbonate test was performed upon ten specimens. Each specimen was tested twice. The evidence of acidosis as regards the urinary acidosis ratio showed only occasional aberrations. One of these showed a positive blood Sellard result also.

On the other hand, Van Slyke's method showed almost consistently low readings, and this method, together with Austin and Cullen's blood PH method, will be used in future.

3. *Protein shock therapy.* (In collaboration with the Medical Officers.)

Eight cases, comprising three cases of mania, four of dementia præcox and one of melancholia, were subjected to a short course of protein shock therapy, in order to see whether this would benefit their mental condition.

Doses ranging from ninety to two hundred millions B. coli vaccine were given intravenously. In almost exactly four hours pyrexial reaction started, the temperature rising to 101—103·5 and subsiding within twenty-four hours. Low tension pulses were noted in all, also that increasing doses of vaccine were needed to produce pyrexia. No mental improvement followed. The idea was to simulate the malarial treatment and to explore the best technical method and dosage. The latter objects were attained and the method is possibly worth trial in general paralysis and hyperpyesia.

4. *Intraspinal Auto-therapy.* (Modification of Swift-Ellis method.)

Two female patients suffering from general paralysis who failed to improve under malarial treatment were selected for this treatment as a "dernier ressort." Six graduated injections of from forty to seventy per cent. intraspinal salvarsanised serum (20 c.c. at a time) have been given. One case has improved mentally quite definitely, as also have her blood and spinal fluid, the colloidal gold now being 11111000000 as against 5555420000 originally, and the Wassermann two units as against over seven. The other case has improved less noticeably, but her reactions are better (colloidal gold now 3344441000 as against 5554220000).

The technique is first of all to give a short intensive course of novarsenobillon intravenously: then after the last full dose (0·6 grammes for a woman) an hour elapses and 40 c.c. of blood are drawn and the serum separated, diluted 50 per cent. or 60 per cent. or 70 per cent. as the case may be; later, under a general anæsthetic, 20 c.c. cerebrospinal fluid are withdrawn and 20 c.c. of the prepared serum injected very slowly. The foot of the bed is tilted. Some malaise and pyrexia sometimes occur with the stronger doses.

It is hoped that this treatment may have a fair trial as against the malarial treatment, since it is less drastic and does very definitely improve the reactions. The object of the treatment is to overcome the barrier imposed by the choroid plexus by a circuitous route. The newer salvarsans, in my view, are much superior to the original salvarsan for this purpose. Earlier trials, which apparently failed, were handicapped in this manner, and I am sure this treatment deserves a new lease of life as regards early general paralysis. Its value in tabes dorsalis is most definite also.

XVIII.—From the Dorset County Mental Hospital.

Report of Clinical and Pathological Investigations.—By Dr. P. W. Bedford, D.P.M., Medical Superintendent, and Dr. G. W. T. H. Fleming, D.P.M., Pathologist.

Summary of Clinical and Pathological Examinations.—Urine: routine examinations, 259; sugar estimations, 39; bacteriological examinations, 3. *Blood*: blood counts, 6; bacteriological examinations, 1; Wassermann's, 16. *Cerebro-spinal fluid*: chemical examinations, 17; sugar estimations, 2; Kafka colloidal reactions, 16; gum mastic colloidal reactions, 4; Wassermanns, 16. *Fæces*: chemical examinations, 1; bacteriological examinations, 1. *Bacteriological examinations*: sputum, 6; other, 10. *Stomach contents*: chemical examinations, 1. *Vaccines* prepared, 10. *Pathological examinations*: sections, 71. *Water* examinations, 57.

Search for Typhoid Carriers.—Blood: Agglutination tests, 184; bacteriological examinations, 1. Bacteriological examinations: *Fæces*, 17; *Urine*, 2; *Bile*, 12.

Owing to the absence of typhoid fever the work in this connection has been very much less, and time has been spent more profitably in other directions.

Water Chlorination.—As a result of the installation of a water chlorinating plant, the contaminated water from the hospital well has been freed from B. coli. Previously B. coli was invariably present in 100 c.c., often present in 10 c.c., four times in 5 c.c. and once in 2 c.c., but after chlorination it has been completely absent from 100 c.c., this period covering the last 6 months of the year. No new typhoid carriers have been discovered during the year. One of the existing six has died. No further work has been carried out on the strains of B. typhosus.

Examination of Brain for Spironema Pallida.—In two cases of general paralysis of the insane the frontal cortex was examined by Jahnel's method of staining for spironema. In one case, out of 6 pieces of frontal cortex examined, three showed swarms of spironemæ in extraordinary numbers in the middle layers of the cortex. The other case was negative, but as only three pieces of cortex were examined the chance of success was not great.

Acetic Anhydride or Boltz test.—This has been carried out as a routine measure on all cerebro-spinal fluids examined with the following results—it is invariably negative in the psychoses and invariably positive in general paralysis.

Tryparsamide Therapy in General Paralysis.—This has been employed in five cases, two of which were well advanced. One has been discharged as recovered and is carrying on his occupation; he gained 24 lbs. in weight and lost all his mental symptoms, which were very marked. Two have shown great improvement physically and mentally. The improvement appears to be most noticeable in gait and speech and in mental condition. Two very advanced cases showed no improvement after the first course of eight injections of 2 grms., so the treatment was stopped. One case died suddenly from a series of severe seizures. The two patients showing most improvement are having their third course of 8 injections. The opinion in America appears to be that treatment with tryparsamide to be successful must be persevered with up to 40-50 injections. The improvement in the cerebro-spinal fluid of the three cases has been quite definite already, although one does not expect this to be shown to any great extent until after 30-40 injections.

The Relation of Vocation to the Schizoid and Syntonic States.—The male records of the hospital during the past 40 years were utilized for this piece of research. It was found that several vocations which are considered by vocational psychologists to be of extrovert type tended to develop

syntonic tpyes of psychosis and those of introvert type tended to develop schizoid types of psychosis.

(*Paper read at November Meeting of S.W. Div. of Royal Medico-Psychological Association entitled "Extroversion and Introversion in Schizoid and Syntonic States as manifested by Vocation."* By Dr. G. W. T. H. Fleming, D.P.M.)

XIX.—From the North Riding Mental Hospital, Clifton, York.

Report of Pathological Investigations.—By Dr. J. I. Russell, D.P.M., Medical Superintendent.

The following is a summary of the work carried out in the laboratory during the year:—Urine examinations 858, other routine clinical specimens 48, blood examinations 50, agglutination reactions 510, bacteriological examinations of fæces 512, of urine 37, of bile 22. Post mortem tissue (histological) 47, water and milk analyses 6.

The relatively large number of fæces examinations and agglutination reactions represent a systematic search for typhoid carriers, and the investigation has disclosed the fact that eight female patients are definitely infective. In the case of one of them the gall bladder was excised, symptoms of complete biliary obstruction being present. B. typhosus was isolated from scrapings of the wall of the gall bladder, and from the bile collected at the operation (25th November). By means of a drainage tube the bile was readily available for three weeks, during which it was examined daily, but only on one occasion (1st December) was the organism found to be present. From the date of the operation until the end of the year every stool passed was examined with negative results.

N.B.—On the 6th, and again on the 7th January, 1927, B. typhosus was isolated from the stools of this patient.

XX.—From the Bristol City Mental Hospital.

A.—*Laboratory Report.*—By Dr. E. Barton White, Medical Superintendent.

Since its institution last year, the work in this department has gradually progressed. There is now a system of routine investigations in all new cases as a guide to diagnosis and treatment.

Dr. G. Hadfield, who visits the hospital weekly, supervises and advises in the work undertaken, and continues to do the weekly Wassermann tests.

New work undertaken, together with investigations begun during 1926 and still continuing, is reported on below. During an outbreak of dysentery the laboratory proved itself of inestimable value. The different organisms were isolated and tested against cultures of standard strains from the Lister Institute in London, obtained by the courtesy of Professor Ledingham, the Director.

A large number of individual sera were tested against these and against the organisms found. Suspicious cases who otherwise showed no symptoms were thus detected, and this enabled early and effective isolation and treatment to be carried out, which no doubt accounted for the control and suppression of the outbreak in a shorter space of time than otherwise would have been possible.

Routine examinations have been continuous, and include:—

1,040 urine analyses, 30 special urine estimations, 31 tests for tuberculosis in sputum, 12 blood counts, 40 blood specimens for Wassermann tests, 13 cerebro-spinal fluids, 6 throat swabs tested for diphtheria, 10 serum Widal tests for tpyhoid, 6 estimations of blood sugar tolerance, 105 specimens tested for dysentery organisms, 72 blood serum agglutination tests, 60 post mortem examinations, 65 pathological sections cut, stained and mounted.

Except the post mortem examinations, these routine examinations have been carried out by Mr. Pope, the certificated laboratory assistant, whose work continues to be of the greatest value.

B.—*Investigation and report on two cases of Pellagra.*—By Dr. E. Barton White and Dr. G. Hadfield, M.R.C.P., Pathologist.

These two cases appear to be the first two reported in Bristol. In Great Britain the disease has only been reported from mental hospitals, chiefly from Lancashire and Scotland (first in 1909), and is still of infrequent occurrence.

Though the actual cause is still in dispute, there is strong evidence that gastro-intestinal atrophy and achlorhydria are of early significance, producing a condition of inability properly to make use of certain of the vitamins, the typical skin lesions supervening after exposure to sunlight in the spring. Ultimately the central nervous system is involved, and shows itself as a degeneration in certain nerve tracts in the spinal cord.

The result of our investigation of these two cases supports this view.

The brain from a case of Huntington's chorea is being investigated in the hope that some light may be thrown on the functions of the large masses of grey matter—the basal ganglia—which are so frequently affected in a much commoner but more complex condition, namely, post-encephalitic Parkinsonism. This investigation will involve considerable time and labour, and will not be completed for several months.

(*Paper read on first case at Meeting of the Royal Medico-Psychological Association, April 29th*, 1926. *Second case reported in the Bristol Medico-Chirurgical Journal, March*, 1926.)

C.—*Research undertaken* by Dr. Herbert Smith.

(1) *Modification of the original Sachs-Georgi Reaction.*—In this method an opaque opalescent emulsion made from bullock's heart muscle is incubated with the serum obtained from the blood of cases to be examined, in dilutions up to 1-5. A positive reaction, indicative of specific infection, is given by the formation in the fluid of definite flocculi visible to the naked eye through transmitted light in a special viewing chamber. Of a total of 210 specimens examined, 25 per cent. gave a positive reaction; but, when cases of known general paralysis were excluded, the percentage was 12·2 per cent., which is roughly the figure generally accepted as the average for the larger towns of Great Britain.

The result of these investigations has aided the early diagnosis, not only in those cases suspected of having a specific origin, but also in those which would have otherwise appeared to have been of a more obscure nature.

(*Paper read before the S.W. Division of the Royal Medico-Psychological Association on April 29th*, 1926.)

(2) *Isolation of the different dysentery organisms and agglutination tests for carriers.*—In order to make the bacteriological diagnosis of bacillary dysentery, it is necessary that the living organism be isolated and identified.

Organisms belonging to the Flexner group were isolated and grown from material obtained from all suspected cases. The dysentery group is a very large one, and those organisms causative of human dysentery are, in the laboratory, of relatively low vitality and tend to die out in cultures, or to get overgrown by the many other non-pathogenic organisms present. Upwards of 105 specimens were tested—some repeatedly in order to obtain the strain in pure culture form. All these were further examined as to their behaviour in the fermentation of the various sugars, and as to their agglutinating power with standard sera and with the sera obtained from the same and other cases that occurred. Further, the sera from dysentery cases occurring was agglutinated against standard cultures of known

are consequently exposed to the hardships, neglect, and ill-treatment that the mental condition of their parents renders inevitable.

It has been suggested that it should be made a punishable offence to marry or connive at the marriage of any person known to be certified as a mental defective under the Mental Deficiency Act, but if the law were so altered it is very doubtful if public opinion is sufficiently informed to enforce it. We have instances where a Local Authority and Visitors have suggested the discharge of feeble-minded women in order that they may be married; and, if a girl has become pregnant, public opinion would generally approve of her marriage and disapprove of her recall to an institution.

One Local Authority tells us that they have knowledge of six defectives where petitions have been dismissed by the Judicial Authority in order to allow the defectives to get married, and also of two others where the petitions were dismissed in order to allow two pregnant defective girls to marry. These instances seem to show that public opinion has not yet realized that the upbringing of children by defectives should be prevented as far as possible.

The publication of the facts discovered by Local Authorities as to the extent to which the marriage of defectives takes place might go far to prepare the way for legislation, and to justify an alteration of the law.

Much might even now be done to prevent the marriage of defectives by a more careful selection of the persons to whose care they are entrusted, and we particularly desire to point out the danger of licensing cases of marriageable age to their parents or of placing them under the guardianship of their parents. Many parents do not recognize that their children are defective, or even if they do, they believe that the best thing for them is to marry. We have instances where parents have failed to report intimacies with the opposite sex, and have deliberately encouraged marriage. This is not so likely to occur when the defective is living with a suitable guardian who is not a relation.

Sterilization.—Last year we stated: "We have arrived at no definite conclusions in regard to this subject, but we may state that we do not consider that sterilization would materially diminish the immediate need for increased institutional accommodation, or for better provision for the care and supervision of defectives outside institutions. Whether sterilized or not, a large proportion of defectives will continue to need institutional care on account of their inherent incapacity to look after themselves or their affairs; and, for the same reason, care and supervision will always be necessary for those living in the community."

A year's further consideration gives no grounds for any alteration in our opinion; but, as the matter has again been brought to our notice by various public utterances and was made one of the subjects of discussion at a conference between ourselves and representatives of the County Councils Association, it may be well once more to reiterate the opinion that sterilization would not materially affect the necessity for the provision of Colonies.

This is the more necessary as a different view has sometimes been expressed by representative Medical Officers of Health.

In a report made by a County Medical Officer of Health in consultation with two other Medical Officers of Health we find the following opinion :

"At least half the cases sent to institutions are sent there solely to prevent procreation."

We regard this as a serious misunderstanding of the conditions which govern the necessity for institutional care and protection. The above statement and the conclusion to which it leads its author is further developed in the following passages :

"*Voluntary sterilization.*—Great numbers of mentally defective "persons are now being segregated in all kinds of institutions solely "for the purpose of preventing propagation. They are able to do a "certain amount of work, and are even quite useful members of a "family. Their relatives are anxious and willing to retain them at "home where they will be of no cost to the community, but the fact "that they are unable to restrain or protect themselves sexually is "regarded as anti-social and in the hope of preventing the trans-"mission of the defect to succeeding generations, segregation is "insisted upon even in the face of considerable opposition from all "concerned. It is reasonable to suppose that the parents or "guardians of many of these cases would be quite willing for the "defective to undergo sterilization, while the defectives themselves "would rarely object. In such circumstances they could remain at "home quite safely and without cost to the community. A "practical procedure would be to offer sterilization as a means of "avoiding compulsory segregation for life in an institution. From "the point of view of health and happiness the two prospects cannot "be compared, as the unfortunate mental defectives would remain "among friends and relatives and lead the ordinary life of the class "into which they were born. Voluntary sterilization could also "be offered as a condition of being discharged from an institution."

Again "of course it will be understood that a considerable "number of cases will require permanent segregation in any event, "and sterilization in such cases would lead to no practical result. "On the other hand sterilization, in those cases where the sole reason "for segregation is prevention of propagation, appears to be not "only a measure of considerable economy, but also a means of "giving these unfortunate persons an ordinarily happy existence.

Reports of the mental and physical welfare of the discharged are periodically received.

Alteration to the extent of weakening of the Wassermann and gold sol. and diminution of the pleocytosis and globulin content of the cerebrospinal fluid has been observed in both the improved and unimproved cases. Such change would appear to bear little relation to essential mental and physical improvement.

TABLE I. -

ANNUAL RETURN of INSANE PERSONS confined in INSTITUTIONS FOR THE INSANE, and in PRIVATE SINGLE CHARGE

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS - - - - - -

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890	NUMBER OF PATIENTS, 1st JANUARY, 1926.					ADMISSIONS DURING THE YEAR 1926.											DISCHARGES DURING THE YEAR 1926.									
	PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.	Total Number.			Of the Total Number.								Total Number.			Of the Total Number.						
									Private (including Criminal Patients).		Re-admissions known to have been at some previous time in the Mental Hospital, or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institutions for the Insane.		Of the Number of Transfers.					Private (including Criminal Patients).		Discharged Recovered.		Of the Number Discharged Recovered	
															Private (including Criminal Patients).								Private (including Criminal Patients).		
	M.	F.	M.	F.		M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	
COUNTY AND DISTRICT MENTAL HOSPITALS.																									
Beds, Herts and Hunts	56	27	325	563	971	131	100	231	6	3	11	16	59	10	2	–	38	49	87	6	1	30	46	5	–	1
Berks, Reading C.B., Newbury B., and New Windsor B.	36	1	202	357	596	170	188	358	–	–	10	15	98	112	–	–	52	44	96	2	–	12	27	–	–	2
Brecon, Radnor, and Montgomery C.	30	8	189	228	455	42	37	79	2	1	9	8	2	2	1	1	43	27	70	8	1	16	13	4	–	3
Bucks	49	43	264	351	707	63	91	154	2	12	19	14	6	5	–	1	54	54	108	6	9	25	34	5	6	4
Cambridge C., Isle of Ely, and Cambridge B.	24	7	186	410	627	49	75	124	–	3	3	30	2	5	–	–	20	40	60	2	2	12	25	–	1	5
Carmarthen, Cardigan, and Pembroke C.	31	18	279	303	631	85	62	147	5	10	24	15	5	2	–	–	33	39	72	6	6	22	28	2	3	6
Chester C., Birkenhead C.B., Stockport C.B.(part),and Wallasey C.B.:																										
Chester	108	51	560	782	1,501	130	190	320	2	9	26	38	7	9	1	–	92	120	212	6	4	50	69	3	2	7
Parkside	119	101	444	661	1,325	73	151	224	4	21	16	43	10	6	1	3	44	113	157	13	16	24	39	8	5	8
Cornwall	70	47	437	529	1,083	69	105	174	1	4	15	23	1	8	1	–	40	62	102	7	13	27	43	3	9	9
Cumberland, Westmorland, and Carlisle C.B.	44	27	402	367	840	52	71	123	–	4	5	18	3	7	–	–	22	33	55	–	5	10	27	–	4	10
Denbigh, Anglesey, Carnarvon, Flint, and Merioneth C. ...	87	39	430	505	1,061	91	97	188	7	6	18	16	6	7	1	1	34	52	86	5	6	30	40	5	4	11
Derby C.	37	–	363	382	782	89	106	195	–	–	17	23	3	3	–	–	42	59	101	2	–	23	33	1	–	12
Devon	69	45	405	697	1,216	127	167	294	24	19	7	16	19	8	8	–	66	107	173	16	14	37	57	5	6	13
Dorset	88	123	266	390	867	70	101	171	11	7	12	23	6	9	4	2	39	53	92	12	8	20	29	5	4	14
Durham and Darlington C.B. ...	104	9	636	711	1,460	180	167	347	4	–	16	34	9	4	3	–	44	83	127	8	–	18	26	1	–	15
Essex and Colchester B.:																										
Brentwood	93	2	586	980	1,661	174	235	409	4	–	32	52	11	18	2	–	68	141	209	7	–	29	50	3	–	16
Severalls	84	67	637	881	1,669	131	189	320	7	19	16	25	15	14	4	4	85	85	170	9	15	38	55	4	8	17
Glamorgan and Merthyr Tydfil C.B.	124	17	898	794	1,833	218	163	381	2	–	38	32	7	10	1	–	76	71	147	13	3	41	42	6	1	18
Gloucester C. and Gloucester C.B.	50	27	422	699	1,198	93	134	227	3	1	16	27	5	10	1	–	60	81	141	4	5	24	53	1	–	19
Hants, Southampton C.B., and Bournemouth C.B.: ...																										
Knowle	35	–	428	555	1,018	56	66	122	4	–	8	10	1	8	1	–	22	36	58	4	1	10	21	–	–	20
Park Prewett	49	18	467	619	1,153	158	211	369	9	12	10	36	66	62	5	2	76	117	193	7	3	28	55	1	–	21
Hereford C. and Hereford B. ...	24	9	175	302	510	37	31	68	3	3	5	6	4	4	1	1	15	25	40	4	4	8	12	2	1	22
Herts	46	3	315	540	904	67	105	172	2	2	13	25	6	8	1	1	30	43	73	3	–	13	27	–	–	23
Kent and Gravesend B.:																										
Barming Heath	74	1	633	1,085	1,793	144	190	334	1	1	38	66	8	17	–	–	61	118	179	3	–	33	82	3	–	24
Chartham	54	9	510	609	1,182	121	145	266	4	–	23	22	5	6	1	–	51	67	118	8	4	38	48	5	1	25
Lancaster C., all the County-Boroughs, and Stockport C.B. (part):																										
Lancaster	189	247	720	1,407	2,563	134	302	436	10	33	9	27	7	84	4	7	85	133	218	23	38	37	75	10	16	26
Rainhill	172	–	883	1,176	2,231	310	340	650	3	–	71	86	48	14	2	–	146	236	382	11	–	94	120	4	–	27

Table I.

on the 1st January, 1927, together with the Number of Admissions, Discharges, Deaths, &c., during the preceding Year.

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS.

	DEATHS DURING THE YEAR 1926.							NUMBER OF PATIENTS REMAINING, 1st JANUARY 1927.					Average Number Resident during 1926.		RECOVERY RATES.			DEATH RATES.			County, District, and County-Borough Mental Hospitals. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.
	Total Number.			Of the Total Number. Private (including Criminal Patients).		Number of Post-mortem Examinations made.		PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.			Proportion [per Cent.] of Recoveries during the Year 1926, to Admissions [excluding Transfers and Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1)] during the Year 1926.			Proportion [per Cent.] of Deaths to Daily Average Number Resident during the Year 1926.			
	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	Total.	M.	F.	Total.	
																					County, &c. Hospitals.
1	25	47	72	5	6	10	22	56	27	393	567	1,043	415	579	42·3	51·7	47·5	6·0	8·1	7·2	Beds, &c.
2	45	24	69	3	–	10	3	33	1	278	477	789	317	438	16·7	35·5	26·4	14·2	5·5	9·1	Berks, &c.
3	18	13	31	2	1	8	8	25	6	175	227	433	209	235	40·0	37·1	38·7	8·6	5·5	7·0	Brecon, &c.
4	28	30	58	4	–	21	22	45	46	249	355	695	295	400	43·9	39·5	41·3	9·5	7·5	8·3	Bucks.
5	24	28	52	1	–	17	22	24	9	191	415	639	210	422	25·5	35·7	31·6	11·4	6·6	8·2	Cambridge C., &c.
6	32	18	50	2	2	8	3	29	17	301	309	656	320	327	27·5	46·7	35·7	10·0	5·5	7·7	Carmarthen, &c.
																					Chester C., &c. :
7	60	41	101	7	–	36	25	111	58	535	804	1,508	660	846	40·7	38·1	39·1	9·1	4·8	6·7	Chester.
8	23	58	81	2	9	20	51	115	96	454	646	1,311	570	743	38·1	26·9	30·3	4·0	7·8	6·2	Parkside.
9	34	36	70	2	5	18	14	67	45	435	538	1,085	495	566	39·7	44·8	42·7	6·9	6·4	6·6	Cornwall.
10	26	31	57	1	3	26	31	45	26	405	375	851	446	400	20·4	42·2	32·7	5·8	7·8	6·7	Cumberland. &c.
11	33	52	85	2	5	7	11	91	35	450	502	1,078	533	551	35·3	44·9	40·2	6·2	9·4	7·8	Denbigh, &c.
12	44	28	72	5	–	27	21	33	–	370	401	804	401	393	26·7	32·0	29·6	11·0	7·1	9·1	Derby C.
13	42	68	110	2	5	31	45	76	47	417	687	1,227	475	725	34·9	36·1	35·5	8·8	9·4	9·2	Devon.
14	18	26	44	3	5	9	13	91	115	276	420	902	358	513	31·7	31·5	31·6	5·0	5·1	5·1	Dorset.
15	95	64	159	6	1	64	36	102	8	679	732	1,521	754	732	10·5	16·0	13·2	12·6	8·7	10·7	Durham C., &c.
																					Essex, &c. :
16	56	50	106	2	–	44	39	90	2	639	1,024	1,755	696	1,002	17·8	23·0	20·8	8·0	5·0	6·2	Brentwood.
17	51	66	117	3	10	38	59	82	71	634	915	1,702	718	960	32·8	31·4	32·0	7·1	6·9	7·0	Severalls.
18	88	73	161	3	1	44	36	122	18	954	812	1,906	1,040	818	19·5	27·5	22·9	8·5	8·9	8·7	Glamorgan.
19	40	65	105	2	7	15	14	49	15	416	699	1,179	477	718	27·6	43·1	36·7	8·4	9·1	8·8	Gloucester C., &c.
																					Hants., &c. :
20	34	36	70	–	–	20	22	37	–	426	549	1,012	459	559	18·2	36·2	27·4	7·4	6·4	6·9	Knowle.
21	39	42	81	5	4	11	10	54	32	505	657	1,248	542	667	30·4	36·9	34·4	7·2	6·3	6·7	Park Prewett.
22	15	14	29	1	1	10	6	25	8	181	295	509	202	304	24·2	44·4	33·3	7·4	4·6	5·7	Hereford C., &c.
23	25	26	51	1	1	22	20	43	4	330	575	952	367	563	21·3	27·8	25·3	6·8	4·6	5·5	Herts.
																					Kent, &c. :
24	48	45	93	3	–	48	41	79	1	663	1,112	1,855	734	1,089	24·3	47·4	37·2	6·5	4·1	5·1	Barming Heath.
25	41	61	102	3	2	26	43	57	9	536	626	1,228	577	623	32·8	34·8	33·9	7·1	9·8	8·5	Chartham.
																					Lancaster C., Boroughs. (part) C.B. :
26	65	86	151	10	14	48	67	174	239	719	1,498	2,630	917	1,669	29·1	34·4	32·5	7·1	5·2	5·8	Lancaster.
27	89	68	157	7	–	47	36	169	–	961	1,212	2,342	1,070	1,204	35·9	36·8	36·4	8·3	5·6	6·9	Rainhill.

TABLE I.—*continued.*—COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS—*continued*

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890	NUMBER OF PATIENTS, 1st JANUARY, 1926.					ADMISSIONS DURING THE YEAR 1926.											DISCHARGES DURING THE YEAR 1926.									
	PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.	Total Number.			Of the Total Number.								Total Number.			Of the Total Number.						
									Private (including Criminal Patients).		Re-admissions known to have been at some previous time in the Mental Hospital, or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institutions for the Insane.		Of the Number of Transfers.					Private (including Criminal Patients).		Discharged Recovered.		Of the Number Discharged Recovered	
															Private (including Criminal Patients).								Private (including Criminal Patients).		
	M.	F.	M.	F.		M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	
Lancaster C., all the County-Boroughs, and Stockport C.B. (part) —*cont.*																									
Prestwich	282	10	975	1,398	2,665	211	233	444	11	2	32	48	18	12	7	–	115	143	258	10	2	73	93	8	–	1
Whittingham	160	3	1,167	1,465	2,795	288	220	508	4	–	36	35	8	4	–	–	165	136	301	12	3	90	85	6	–	2
Winwick	60	–	970	1,071	2,101	236	292	528	–	–	29	43	3	6	–	–	144	157	301	15	–	89	89	9	–	3
Leicester C. and Rutland ...	35	25	256	350	666	61	89	150	1	1	6	15	3	3	–	1	28	46	74	1	3	23	41	1	1	4
Lincoln C. (Lindsey and Holland Divisions), Grimsby C.B., Lincoln C.B.	39	–	415	594	1,048	102	130	232	4	–	18	25	6	6	1	–	27	48	75	3	–	15	38	2	–	5
Lincoln C. (Kesteven Division) ...	23	19	209	226	477	34	36	70	3	6	7	8	2	2	1	–	14	21	35	2	6	11	15	2	3	6
London C. : Banstead	94	15	567	1,356	2,032	316	241	557	35	–	22	56	176	10	34	–	76	394	470	10	7	21	56	2	–	7
Bexley	111	33	943	1,078	2,165	164	217	381	5	–	29	44	11	11	4	–	89	133	222	12	10	37	73	4	1	8
Cane Hill	125	26	758	1,220	2,129	143	192	335	–	–	27	41	5	1	–	–	70	100	170	8	6	35	46	6	3	9
Claybury	234	26	778	1,257	2,295	176	232	408	20	–	17	35	36	7	12	–	117	132	249	30	8	45	70	8	5	10
Colney Hatch ...	110	29	892	1,490	2,521	153	244	397	6	–	30	70	10	7	1	–	74	118	192	8	8	11	29	3	2	11
Hanwell	142	27	857	1,345	2,371	238	156	394	4	–	30	49	9	14	2	–	110	75	185	7	1	52	19	4	–	12
Horton	–	193	268	1,461	1,922	17	199	216	–	6	–	37	16	32	–	6	4	91	95	–	17	–	39	–	1	13
Long Grove	185	28	895	1,000	2,108	180	143	323	1	–	32	38	4	6	–	–	102	98	200	21	4	34	41	8	–	14
West Park	94	8	894	387	1,383	380	560	940	8	1	44	59	80	307	7	–	301	125	426	60	8	55	48	10	3	15
Middlesex : Wandsworth ...	83	39	454	795	1,371	159	220	379	5	8	20	51	23	36	1	–	118	140	258	9	8	63	90	7	5	16
Napsbury	88	34	667	971	1,760	130	275	405	2	9	15	48	19	67	1	3	48	149	197	7	9	28	77	5	2	17
Monmouth C.	65	28	539	532	1,164	82	99	181	4	7	17	16	4	17	–	2	43	53	96	4	7	25	34	3	5	18
Norfolk	52	1	365	635	1,053	103	138	241	4	–	23	25	7	5	2	–	47	122	169	4	–	37	69	2	–	19
Northampton C.	52	12	400	474	938	42	76	118	1	3	9	21	–	6	1	–	28	32	60	3	2	16	15	3	1	20
Northumberland and Tynemouth C.B.	30	–	371	321	722	115	98	213	1	–	25	19	5	4	1	–	65	53	118	2	–	47	40	2	–	21
Nottingham C.	27	4	241	359	631	81	87	168	1	2	18	24	4	5	1	–	36	55	91	8	2	14	18	2	–	22
Oxford C., and Oxford C.B. ...	20	–	202	445	667	77	105	182	1	–	5	11	38	40	1	–	23	60	83	2	–	8	18	–	–	23
Salop, Shrewsbury B., and Wenlock B.	55	30	303	421	809	75	82	157	7	11	13	21	3	2	2	1	20	37	57	3	3	11	27	1	2	24
Somerset and Bath C.B. : Wells ...	30	16	284	459	789	72	96	168	3	3	19	20	2	6	–	1	35	64	99	4	5	17	30	1	2	25
Cotford	37	37	267	382	723	74	68	142	12	5	18	23	5	2	3	–	48	45	93	7	8	28	33	1	5	26
Stafford C., and all the County Boroughs :																										
Stafford	57	–	406	498	961	91	120	211	2	–	16	30	4	5	–	–	41	48	89	1	–	25	25	–	–	27
Burntwood	71	–	374	469	914	98	96	194	–	–	19	13	6	3	–	–	44	41	85	3	–	24	24	–	–	28
Cheddleton	74	7	547	495	1,123	152	138	290	4	1	22	28	12	7	4	–	124	89	213	10	4	31	36	7	3	29
Suffolk, E. and W.	55	2	415	511	983	73	96	169	–	–	14	13	4	5	–	–	32	50	82	2	–	6	11	1	–	30
Surrey and (for Brookwood) Guildford B. : Brookwood	34	–	492	821	1,347	126	151	277	1	–	16	30	9	14	–	–	76	112	188	16	–	30	36	2	–	31
Netherne	103	62	285	514	964	145	177	262	9	4	12	11	5	9	1	1	111	54	165	58	5	21	24	6	3	32
Sussex, East	68	68	414	643	1,193	93	167	260	8	16	20	48	9	14	1	1	51	100	151	11	27	27	68	3	12	33
,, West	40	32	264	412	748	57	82	139	1	2	7	10	3	6	–	–	30	39	69	3	7	19	28	–	1	34
Warwick C., Coventry C.B., and Warwick B.	50	36	405	589	1,080	103	133	236	1	14	29	36	6	9	–	4	52	76	128	5	5	38	53	2	4	35
Wight, Isle of	20	37	102	168	327	18	51	69	1	8	1	17	4	3	–	–	9	31	40	3	10	6	21	1	6	36
Wilts	42	17	467	642	1,168	114	118	232	4	1	19	27	44	8	1	–	80	44	124	8	4	18	18	2	1	37

TABLE I.—*continued.*—COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS—*continued.*

	DEATHS DURING THE YEAR 1926.							NUMBER OF PATIENTS REMAINING, 1st JANUARY 1927.					Average Number Resident during 1926.		RECOVERY RATES.			DEATH RATES.			County, District, and County-Borough Mental Hospitals.
	Total Number.			Of the Total Number.				PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.			Proportion [per Cent.] of Recoveries during the Year 1926, to Admissions [excluding Transfers and Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1)] during the Year 1926.			Proportion [per Cent.] of Deaths to Daily Average Number Resident during the Year 1926.			(The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County Borough. B. = Borough of Schedule IV of Lunacy Act, 1890.
				Private (including Criminal Patients).		Number of Post-mortem Examinations made.															
	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	Total.	M.	F.	Total.	
1	101	91	192	8	1	85	65	290	12	962	1,395	2,659	1,262	1,413	37·8	42·1	40·1	8·0	6·4	7·2	Lancaster C., all the County-Boroughs, and Stockport C.B. (part)—*cont.*
2	112	65	177	3	–	74	38	161	3	1,177	1,484	2,825	1,341	1,491	32·3	39·7	35·5	8·4	4·4	6·3	Prestwich.
3	75	81	156	3	–	44	25	62	–	985	1,125	2,172	1,050	1,097	38·2	31·1	34·3	7·1	7·4	7·3	Whittingham.
4	23	29	52	1	2	18	26	34	21	267	368	690	298	323	40·4	47·7	44·8	7·7	7·6	7·6	Winwick.
5	48	30	78	3	–	25	19	39	–	442	646	1,127	474	598	15·6	30·6	24·1	10·1	5·0	7·3	Leicester C. and Rutland.
6	16	12	28	1	3	9	6	23	16	213	232	484	232	243	34·4	44·1	39·4	6·9	4·9	5·9	Lincoln C. (Lindsey and Holland Divisions). Grimsby C.B., and Lincoln C.B.
7	56	87	143	3	1	53	85	128	14	717	1,117	1,976	746	1,201	15·0	24·3	20·8	7·5	7·2	7·3	Lincoln C. (Kesteven Division).
8	75	77	152	5	2	69	74	106	31	948	1,087	2,172	1,047	1,105	24·2	35·4	30·6	7·2	7·0	7·1	London C.: Banstead
9	73	83	156	11	1	71	77	110	28	773	1,227	2,138	880	1,244	25·4	24·2	24·7	8·3	6·7	7·3	Bexley.
10	74	94	168	7	5	62	78	238	21	759	1,268	2,286	1,000	1,277	32·1	31·1	31·5	7·4	7·4	7·4	Cane Hill.
11	76	99	175	4	1	56	77	109	19	896	1,527	2,551	1,003	1,526	7·7	12·2	10·5	7·6	6·5	6·9	Claybury.
12	81	74	155	1	-	67	66	144	26	902	1,353	2,425	1,033	1,375	22·7	13·4	19·1	7·8	5·4	6·4	Colney Hatch.
13	11	91	102	–	14	10	80	–	190	270	1,481	1,941	269	1,652	–	23·3	23·2	4·1	5·5	5·3	Hanwell.
14	67	44	111	5	4	57	37	176	28	915	1,001	2,120	1,087	1,027	19·3	29·9	24·0	6·2	4·3	5·3	Horton.
15	89	49	138	4	–	80	47	65	10	913	771	1,759	1,001	607	18·3	19·0	18·6	8·9	8·1	8·6	Long Grove.
16	57	65	122	6	3	37	19	82	37	439	812	1,370	503	821	46·3	48·9	47·8	11·3	7·9	9·2	West Park.
17	67	55	122	6	5	63	51	79	31	691	1,045	1,846	763	1,053	25·2	37·0	32·9	8·8	5·2	6·7	Middlesex: Wandsworth.
18	46	38	84	3	4	39	28	65	29	532	539	1,165	597	570	32·0	41·4	36·8	7·7	6·7	7·2	Napsbury.
19	28	38	66	–	1	14	17	54	–	391	614	1,059	434	639	38·5	51·9	46·3	6·5	5·9	6·1	Monmouth C.
20	24	43	67	1	2	11	25	53	11	389	476	929	448	481	39·0	21·4	27·9	5·4	8·9	7·2	Norfolk.
21	37	42	79	–	1	11	13	37	1	377	323	738	410	324	42·7	42·6	42·6	9·0	13·0	10·8	Northampton C.
22	40	31	71	2	–	34	27	23	5	250	359	637	272	367	18·2	22·0	20·1	14·7	8·4	11·1	Northumberland and Tynemouth C.B.
23	22	37	59	–	–	13	16	21	–	233	453	707	250	454	20·5	27·7	25·0	8·8	8·2	8·4	Nottingham C.
24	30	20	50	5	2	9	7	59	38	324	438	859	370	467	15·3	33·8	25·0	8·1	4·3	6·0	Oxford C., and Oxford C.B.
25	21	37	58	2	–	17	25	33	21	297	449	800	322	476	24·3	33·3	28·8	6·5	7·8	7·3	Salop, Shrewsbury B., and Wenlock B.
26	24	24	48	3	3	16	17	44	36	262	382	724	300	417	40·6	50·0	45·2	8·0	5·8	6·7	Somerset and Bath C.B.: Wells.
																					Cotford
27	41	46	87	3	–	19	26	54	–	418	524	996	469	498	28·7	21·7	24·8	8·7	9·2	9·0	Stafford C., and all the County Boroughs:
28	50	37	87	2	–	46	34	67	–	382	487	936	443	483	26·1	25·8	25·9	11·3	7·7	9·4	Stafford.
29	41	37	78	1	1	40	36	73	5	535	509	1,122	607	506	22·1	27·5	24·7	6·8	7·3	7·0	Burntwood.
30	35	31	66	2	–	20	17	54	2	422	526	1,004	477	527	8·7	12·1	10·6	7·3	5·9	6·6	Cheddleton.
31	54	47	101	1	–	18	19	30	–	492	813	1,335	522	814	25·6	26·3	26·0	10·3	5·8	7·6	Suffolk, E. and W.
32	31	35	66	2	2	19	17	106	61	285	543	995	395	592	15·0	22·2	18·1	7·8	5·9	6·7	Surrey and (for Brookwood) Guildford B: Brookwood.
33	39	52	91	4	8	22	32	66	58	419	668	1,211	483	714	32·1	44·7	40·3	8·1	7·3	7·6	Netherne.
34	21	18	39	5	–	18	17	37	29	273	440	779	304	455	35·2	36·8	36·2	6·9	4·0	5·1	Sussex, East.
35	51	38	89	2	3	38	25	49	43	406	601	1,099	455	629	39·2	42·7	41·2	11·2	6·0	8·2	,, West.
36	12	16	28	2	1	8	11	17	34	102	175	328	118	207	42·9	43·8	43·5	10·2	7·7	8·6	Warwick C., Coventry C.B., and Warwick B.
37	43	57	100	–	3	29	42	43	16	457	660	1,176	479	677	26·1	16·4	20·1	9·0	8·4	8·7	Wight, Isle of.
																					Wilts.

TABLE 1.—*continued.*—COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS—*continued*

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890	NUMBER OF PATIENTS, 1st JANUARY, 1926.					ADMISSIONS DURING THE YEAR 1926.										DISCHARGES DURING THE YEAR 1926.									
	PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.	Total Number.			Of the Total Number.																
									Private (including Criminal Patients.)		Re-admissions known to have been at some previous time in the Mental Hospital, or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institutions for the Insane.		Of the Number of Transfers.		Total Number.			Of the Total Number.					
															Private (including Criminal Patients).								Private (including Criminal Patients).		Discharged Recovered.		Of the Number Discharged Recovered	
	M.	F.	M.	F.		M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	
Worcester C., and (for Powick) Dudley C.B., and Worcester C.B.: Powick	48	6	362	580	996	63	70	133	3	2	3	7	25	11	1	–	11	24	35	–	–	7	20	–	–	1
Barnsley Hall	64	86	234	270	654	63	86	149	14	27	7	17	4	9	2	3	24	39	63	9	17	12	16	5	3	2
Yorks, North Riding	23	24	312	392	751	68	82	150	3	5	11	12	5	17	2	1	28	29	57	3	3	22	21	2	–	3
Yorks, West Riding, and (except for Scalebor Park) Barnsley, Bradford, Dewsbury, Halifax, Huddersfield, Leeds, Rotherham, Sheffield, and Wakefield C.B., and (for Wadsley and Storthes Hall) Doncaster B.: Wakefield	120	1	944	1,132	2,197	237	201	438	1	–	14	5	5	5	–	–	47	94	141	1	–	29	56	–	–	4
Wadsley	64	4	697	945	1,710	243	275	518	2	–	43	55	46	6	2	–	98	154	252	4	–	85	124	3	–	5
Menston	150	52	746	874	1,822	147	188	335	8	4	32	41	2	7	2	2	86	90	176	12	6	54	59	9	3	6
Scalebor Park	99	119	–	–	218	38	53	91	38	53	4	7	3	4	3	4	15	29	44	15	29	10	17	10	17	7
Storthes Hall	58	13	569	788	1,428	266	319	585	5	5	31	32	100	134	–	2	55	164	219	6	1	39	43	2	1	8
Do. (Min. of Pensions Wing)	268	–	–	–	268	37	–	37	37	–	–	–	37	–	37	–	36	–	36	36	–	1	–	1	–	9
Yorks, East Riding	17	16	214	317	564	45	56	101	2	8	6	10	2	–	–	–	20	30	50	2	6	10	15	1	4	10
COUNTY-BOROUGH MENTAL HOSPITALS (inc. City of London).																										
Birmingham: Winson Green	68	15	300	360	743	120	118	238	2	–	26	35	4	6	1	–	101	69	170	7	1	30	40	1	–	11
Rubery Hill	76	6	559	811	1,452	214	169	383	9	6	23	36	29	10	5	–	191	103	294	13	6	68	70	7	5	12
Brighton	41	44	260	483	828	84	125	209	8	9	19	35	5	17	4	4	49	91	140	12	15	34	57	7	5	13
Bristol	45	21	370	454	890	99	171	270	3	4	19	25	5	3	1	1	38	77	115	3	3	25	53	2	3	14
Canterbury	16	23	66	116	221	8	12	20	2	3	1	–	1	2	1	2	4	6	10	–	1	2	4	–	1	15
Cardiff	36	6	251	276	569	109	70	179	6	2	19	14	3	–	2	–	57	49	106	6	5	31	27	3	1	16
Croydon	40	76	178	403	697	49	106	155	4	19	10	19	5	10	1	2	42	108	150	5	17	23	69	4	11	17
Derby	26	29	159	270	484	42	64	106	3	19	8	18	2	4	1	–	25	45	70	4	10	14	14	–	3	18
Exeter	37	45	121	133	336	21	33	54	2	7	4	6	4	4	–	3	9	17	26	1	6	4	8	–	3	19
Gateshead	25	3	148	166	342	30	36	66	–	1	3	10	–	1	–	–	14	23	37	1	–	11	18	1	–	20
Hull	45	10	299	343	697	81	80	161	3	1	11	23	2	4	1	1	50	41	91	5	1	23	23	4	–	21
Ipswich	29	21	120	164	334	19	35	54	1	2	3	6	3	3	1	–	17	16	33	3	2	9	11	2	–	22
Leicester	43	23	301	523	890	64	101	165	3	2	12	27	3	15	–	1	22	60	82	1	7	16	49	1	5	23
London (City of)	134	219	139	119	611	31	35	66	10	25	1	–	7	16	6	16	36	26	62	10	17	14	10	5	8	24
Middlesbrough	42	11	198	210	461	57	52	109	1	1	8	11	2	1	–	1	25	28	53	3	3	19	23	3	3	25
Newcastle-upon-Tyne	61	9	443	393	906	79	81	160	2	–	8	14	2	3	1	–	17	27	44	1	–	17	19	1	–	26
Newport	22	9	123	174	328	76	39	115	1	8	11	15	21	4	–	2	20	25	45	4	4	11	15	2	3	27
Norwich	30	1	165	300	496	55	51	106	–	2	19	19	5	3	–	1	26	29	55	1	–	16	11	–	–	28
Nottingham	55	21	354	457	887	94	93	187	2	3	15	15	3	4	–	–	50	54	104	11	1	41	47	8	1	29
Plymouth	55	31	160	265	511	51	52	103	4	–	9	10	3	1	1	–	24	51	75	5	1	12	19	5	–	30
Portsmouth	83	100	244	413	840	50	80	130	14	25	12	13	4	8	1	4	21	32	53	7	16	16	22	5	9	31
Sunderland	34	9	221	200	464	33	50	83	4	3	3	11	–	3	–	–	22	27	49	4	2	19	22	3	1	32
West Ham	52	–	384	489	925	81	106	187	1	–	21	43	7	6	–	–	33	73	106	4	–	23	62	3	–	33
York	18	14	143	191	366	17	26	43	3	3	5	3	1	3	–	–	10	16	26	2	2	7	13	2	1	34
TOTAL	6,817	2,917	40,954	57,148	107,836	10,614	12,731	23,345	495 (a)	529	1,624 (b)	2,485	1,372	1,477	210	93	5,358	7,145	12,503	768 (c)	529	2,633	3,830	312	233	35

(*a*) In addition to these numbers, 982 patients (653 males and 329 females) were transferred while resident during 1926, from the Rate-aided to the Private Class.

(*b*) In addition to these numbers, 30 patients (12 males and 18 females) were re-admitted on fresh Reception Orders rendered necessary by previous Orders having expired under Section 38 (1) of the Lunacy Act, 1890.

(*c*) In addition to these numbers, 174 patients (64 males and 110 females) were transferred while resident during 1926, from the Private to the Rate-aided Class; and 58 Criminal (Private) Patients (50 males and 8 females) were retained in the Institution as Rate-aided patients on their ceasing to be "Criminals" during the same year.

(*d*) 4,898 of these patients were paid for by the Ministry of Pensions, and classed as "Service" patients; and 478 were paid for by the Board of Control and classed as "Ex-Service" patients.

TABLE I.—*continued.*—COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS—*continued.*

	DEATHS DURING THE YEAR 1926.							NUMBER OF PATIENTS REMAINING, 1st JANUARY 1927.					Average Number Resident during 1926.		RECOVERY RATES.			DEATH RATES.			County, District, and County-Borough Mental Hospitals.
	Total Number.			Of the Total Number.				PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.			Proportion [per Cent.] of Recoveries during the Year 1926, to Admissions [excluding Transfers and Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1)] during the Year 1926.			Proportion [per Cent.] of Deaths to Daily Average Number Resident during the Year 1926.			(The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County Borough. B. = Borough of Schedule IV of Lunacy Act, 1890.
				Private (including Criminal Patients).		Number of Post-mortem Examinations made.															
	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	Total.	M.	F.	Total.	
1	34	30	64	3	1	16	20	48	8	380	594	1,030	417	589	18·4	34·5	28·1	8·2	5·1	6·4	Worcester C., and (for Powick) Dudley C.B., and Worcester C.B. : Powick.
2	26	27	53	7	4	25	22	61	86	250	290	687	308	373	20·3	20·8	20·6	8·4	7·2	7·8	Barnsley Hall.
3	23	18	41	–	1	16	13	27	29	325	422	803	340	432	34·9	32·3	33·6	6·8	4·2	5·3	Yorks, North Riding.
4	115	74	189	1	1	105	66	126	–	1,013	1,166	2,305	1,108	1,151	12·5	28·6	19·9	10·4	6·4	8·4	Yorks, West Riding, and (except for Scalebor Park) Barnsley, Bradford, Dewsbury, Halifax, Huddersfield, Leeds, Rotherham, Sheffield, and Wakefield C.B., and (for Wadsley and Storthes Hall) Doncaster B. : Wakefield.
5	72	88	160	1	–	67	82	64	4	770	978	1,816	777	963	43·1	46·1	44·9	9·3	9·1	9·2	Wadsley.
6	84	90	174	7	1	56	51	146	53	727	881	1,807	884	939	37·2	32·6	34·7	9·5	9·6	9·5	Menston.
7	14	19	33	14	19	2	2	108	124	–	–	232	104	120	28·6	34·7	32·1	13·5	15·8	14·7	Scalebor Park.
8	67	75	142	1	3	59	67	58	15	713	866	1,652	675	823	23·5	23·4	23·4	9·9	9·1	9·5	Storthes Hall.
9	1	–	1	1	–	–	–	268	–	–	–	268	273	–	–	–	–	0·4	–	0·4	Do. (Min. of Pensions Wing).
10	21	32	53	–	1	15	21	18	19	217	308	562	231	331	23·3	26·8	25·3	9·1	9·7	9·4	Yorks, East Riding.
																					COUNTY-BOROUGH MENTAL HOSPITALS (inc. City of London).
11	24	31	55	2	–	21	15	70	14	293	379	756	383	381	25·9	35·7	30·7	6·3	8·1	7·2	Birmingham: Winson Green.
12	43	39	82	5	1	27	16	76	6	539	838	1,459	617	828	36·8	44·0	40·1	7·0	4·7	5·7	Rubery Hill.
13	26	37	63	8	7	19	31	39	39	271	485	834	311	523	43·0	53·3	48·9	8·4	7·1	7·6	Brighton.
14	50	42	92	4	4	42	34	45	22	381	505	953	419	498	26·6	31·5	29·8	11·9	8·4	10·0	Bristol.
15	6	10	16	–	3	4	9	18	23	62	112	215	81	138	28·6	40·0	35·3	7·4	7·2	7·3	Canterbury.
16	32	13	45	1	–	28	11	38	6	269	284	597	296	284	29·3	38·6	32·4	10·8	4·6	7·8	Cardiff.
17	19	27	46	6	5	2	2	36	78	170	372	656	209	480	53·5	74·2	67·6	9·1	5·6	6·7	Croydon.
18	17	19	36	2	5	16	14	23	30	162	269	484	184	302	35·9	23·3	28·3	9·2	6·3	7·4	Derby.
19	12	8	20	2	–	7	8	36	48	122	138	344	157	181	23·5	27·6	26·1	7·6	4·4	5·9	Exeter.
20	15	14	29	–	–	8	7	24	4	150	164	342	175	168	36·7	51·4	44·6	8·6	8·3	8·5	Gateshead.
21	37	32	69	4	–	22	20	43	10	295	350	698	342	356	29·1	30·3	29·7	10·8	9·0	9·9	Hull.
22	14	17	31	–	–	4	1	28	20	109	167	324	142	189	56·3	35·5	42·6	9·9	9·0	9·4	Ipswich.
23	21	29	50	2	1	19	22	47	22	318	536	923	360	548	26·2	57·0	44·2	5·8	5·3	5·5	Leicester.
24	11	14	25	5	10	5	7	129	213	128	120	590	267	333	58·3	52·6	55·8	4·1	4·2	4·2	London (City of).
25	19	22	41	1	3	2	1	42	8	211	215	476	245	224	34·5	45·1	39·6	7·8	9·8	8·7	Middlesbrough.
26	37	26	63	2	–	20	13	63	12	466	418	959	516	421	22·1	24·4	23·3	7·2	6·2	6·7	Newcastle-upon-Tyne.
27	16	5	21	1	1	5	1	21	10	164	182	377	173	189	20·0	42·9	28·9	9·2	2·6	5·8	Newport.
28	18	19	37	–	–	14	15	33	3	173	301	510	202	301	32·0	22·9	27·6	8·9	6·3	7·4	Norwich.
29	41	31	72	3	–	34	26	52	22	360	464	898	409	475	45·1	52·8	48·9	10·0	6·5	8·1	Nottingham.
30	22	18	40	7	2	10	16	54	28	166	251	499	220	290	25·0	37·3	31·3	10·0	6·2	7·8	Plymouth.
31	25	26	51	8	11	16	9	85	99	246	436	866	330	518	34·8	30·6	32·2	7·6	5·0	6·0	Portsmouth.
32	23	13	36	4	–	18	7	31	9	212	210	462	245	209	57·6	46·8	51·3	9·4	6·2	7·9	Sunderland.
33	27	28	55	1	–	18	21	51	–	406	494	951	451	483	31·1	62·0	48·8	6·0	5·8	5·9	West Ham.
34	5	12	17	–	1	4	9	19	13	144	190	366	163	202	43·8	56·5	51·3	3·1	5·9	4·7	York.
35	3,946	4,031	7,977	301	240	2,732	2,700	6,782 (*d*)	2,888	42,299	58,732	110,701	48,415	60,698	28·5	34·1	31·6	8·2	6·6	7·3	TOTAL.

TABLE I.—*continued*—REGISTERED HOSPITALS,

COUNTY.	REGISTERED HOSPITALS, NAVAL AND MILITARY HOSPITALS, AND CRIMINAL ASYLUM.	NUMBER OF PATIENTS, 1st JANUARY, 1926.					ADMISSIONS DURING THE YEAR 1926.										DISCHARGES DURING THE YEAR 1926.								
		PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.	Total Number.			Of the Total Number.							Total Number	Of the Total Number.							
										Private (including Criminal Patients).		Re-admissions known to have been at some previous time in the Institution or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institutions for the Insane.		Of the Number of Transfers.			Private (including Criminal Patients).		Discharged Recovered.		Of the Number Discharged Recovered		
																							Private (including Criminal Patients).		
		M.	F.	M.	F.		M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	
REGISTERED HOSPITALS:																										
Chester ...	Manchester Royal Hospital, Cheadle	95	162	–	–	257	32	75	107	32	75	7	15	4	7	4	7	24	42	66	24	42	9	19	9	19	1
Devon ...	Wonford House, Exeter	46	86	–	–	132	10	7	17	10	7	–	–	2	1	2	1	5	9	14	5	9	1	6	1	6	2
Gloucester ...	Barnwood House, Gloucester	55	82	–	–	137	12	21	33	12	21	2	4	1	1	1	1	5	20	25	5	20	3	11	3	11	3
Lincoln ...	The Lawn, Lincoln	15	45	–	–	60	5	10	15	5	10	2	1	–	2	–	2	6	9	15	6	9	1	5	1	5	4
London ...	Bethlem Royal Hospital, Lambeth Road, S.E. 1	52	73	–	–	125	41	70	111	41	70	13	25	6	10	6	10	38	75	113	38	75	14	39	14	39	5
Norfolk ...	Bethel Hospital, Norwich	17	52	–	–	69	6	15	21	6	15	1	4	–	1	–	1	4	5	9	4	5	1	1	1	1	6
Northampton	St. Andrew's Hospital, Northampton	189	238	–	–	427	22	44	66	22	44	2	8	11	8	11	8	16	26	42	16	26	8	15	8	15	7
Notts	The Coppice, Nottingham	39	45	–	–	84	14	13	27	14	13	1	1	3	2	3	2	6	14	20	6	14	5	3	5	3	8
Oxford ...	The Warneford, Headington Hill, Oxford ...	37	52	–	–	89	7	15	22	7	15	1	–	–	2	–	2	7	13	20	7	13	6	5	6	5	9
Stafford ...	Coton Hill Hospital, Stafford	39	68	–	–	107	8	29	37	8	29	–	6	3	8	3	8	4	12	16	4	12	2	9	2	9	10
Surrey ...	Holloway Sanatorium, St. Ann's Heath, Virginia Water.	129	194	–	–	323	28	42	70	28	42	5	12	10	8	10	8	15	34	49	15	34	6	12	6	12	11
York City (N.R.)	Bootham Park, York	45	40	–	–	85	3	11	14	3	11	–	2	–	1	–	1	3	8	11	3	8	–	3	–	3	12
,, (E.R.)	The Retreat, York	59	112	–	–	171	15	22	37	15	22	3	6	–	–	–	–	13	17	30	13	17	9	6	9	6	13
	TOTAL (Registered Hospitals)	817	1,249	–	–	2,066	203	374	577	203	374	37 (a)	84	40	51	40	51	146	284	430	146	284	65	134	65	134	14
NAVAL AND MILITARY HOSPITALS:																										
Hants	Royal Military Hospital, Netley, Southampton	21	–	–	–	21	192	–	192	192	–	3	–	–	–	–	–	179	–	179	179	–	81	–	81	–	15
Norfolk ...	Royal Naval Hospital, Great Yarmouth ...	153	–	–	–	153	–	–	–	–	–	–	–	–	–	–	–	7	–	7	7	–	5	–	5	–	16
	TOTAL (Naval and Military Hospitals) ...	174	–	–	–	174	192	–	192	192	–	3	–	–	–	–	–	186	–	186	186	–	86	–	86	–	17
CRIMINAL ASYLUM:																										
Berks	State Criminal Asylum, Broadmoor, Crowthorne, Berks.	585	194	2	–	781	57	16	73	57	16	6	1	2	1	2	1	21	4	25	21	4	4	4	4	4	18

(a) In addition to these numbers 6 patients (3 males and 3 females) were re-admitted on fresh Reception Orders rendered necessary by previous Orders having expired under Section 38 (1) of the Lunacy Act, 1890.

NAVAL AND MILITARY HOSPITALS, AND STATE CRIMINAL ASYLUM.

	DEATHS DURING THE YEAR 1926.							NUMBER OF PATIENTS REMAINING, 1st JANUARY 1927.					Average Number Resident during 1926.		RECOVERY RATES. Proportion [per Cent.] of Recoveries during the Year 1926, to Admissions [excluding Transfers and Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1)] during the Year 1926.			DEATH RATES. Proportion [per Cent.] of Deaths to Daily Average Number Resident during the Year 1926.			Registered Hospitals, Naval and Military Hospitals, and Criminal Asylum.
	Total Number.			Of the Total Number.				PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.									
				Private (including Criminal Patients).		Number of Post-mortem Examinations made.															
	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	Total.	M.	F.	Total.	
1	15	14	29	15	14	2	1	88	181	–	–	269	89	173	32·1	27·9	29·2	16·9	8·1	11·1	Manchester Royal Lunatic Hospital, Cheadle.
2	4	4	8	4	4	–	–	47	80	–	–	127	46	84	12·5	100·0	50·0	8·7	4·8	6·1	Wonford House.
3	4	4	8	4	4	3	–	58	79	–	–	137	56	79	27·3	55·0	45·2	7·1	5·1	5·9	Barnwood House.
4	–	3	3	–	3	–	–	14	43	–	–	57	14	45	25·0	62·5	50·0	–	6·7	5·1	Lincoln Lunatic Hospital
5	8	13	21	8	13	2	7	47	55	–	–	102	52	56	41·2	65·0	56·4	15·4	23·2	19·3	Bethlem Royal Hospital.
6	1	6	7	1	6	–	–	18	56	–	–	74	19	54	16·7	7·1	10·0	5·3	11·1	9·6	Bethel Hospital, Norwich
7	8	10	18	8	10	2	1	187	246	–	–	433	188	237	80·0	41·7	50·0	4·3	4·2	4·2	St. Andrew's Hospital.
8	5	2	7	5	2	–	–	42	42	–	–	84	40	44	45·5	27·3	36·4	12·5	4·5	8·3	Nottingham Lunatic Hospital.
9	1	4	5	1	4	–	–	36	50	–	–	86	38	53	85·7	41·7	57·9	2·6	7·5	5·5	The Warneford.
10	4	7	11	4	7	–	–	39	78	–	–	117	38	76	40·0	45·0	44·0	10·5	9·2	9·6	Coton Hill Lunatic Hospital.
11	6	2	8	6	2	1	–	136	200	–	–	336	125	195	33·3	35·3	34·6	4·8	1·0	2·5	Holloway Sanatorium.
12	2	3	5	2	3	–	1	43	40	–	–	83	43	41	–	33·3	25·0	4·7	7·3	6·0	Bootham Park, York.
13	6	3	9	6	3	2	1	55	114	–	–	169	58	112	60·0	27·3	40·5	10·3	2·7	5·3	The Retreat, York.
14	64	75	139	64	75	9	11	810	1,264	–	–	2,074	806	1,249	40·6	41·9	41·5	7·9	6·0	6·8	TOTAL (Registered Hospitals).
15	–	–	–	–	–	–	–	34	–	–	–	34	41	–	42·2	–	42·2	–	–	–	Royal Military Hospital.
16	11	–	11	11	–	5	–	135	–	–	–	135	142	–	–	–	–	7·7	–	7·7	Royal Naval Hospital.
17	11	–	11	11	–	5	–	169	–	–	–	169	183	–	44·8	–	44·8	6·0	–	6·0	
18	28	7	35	28	7	20	4	593	199	2	-	794	591	194	7·3	26·7	11·4	4·7	3·6	4·5	Criminal Lunatic Asylum, Broadmoor.

TABLE I.—*continued*—METROPOLITAN LICENSED HOUSES.

HOUSES.		NUMBER OF PATIENTS, 1st JANUARY, 1926.					ADMISSIONS DURING THE YEAR 1926.													DISCHARGES DURING THE YEAR 1926.									DEATHS DURING THE YEAR 1926.							NUMBER OF PATIENTS REMAINING, 1st JAN. 1927.					Average Number Resident during 1926.	
		PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.	Total Number.			Of the Total Number.						Of the Number of Transfers.		Total Number.			Of the Total Number.						Total Number.			Of the Total Number.				PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.		
										Private (including Criminal Patients).		Re-admissions known to have been at some previous time in the Institution, or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institutions for the Insane.		Private (including Criminal Patients).					Private (including Criminal Patients).		Discharged Recovered.		Of the Number Discharged Recovered. Private (including Criminal Patients).					Private (including Criminal Patients).		Number of Post-mortem Examinations made.								
		M.	F.	M.	F.		M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.
Camberwell ...	Camberwell House ...	126	221	–	–	347	47	94	141	47	94	10	33	8	6	8	6	48	78	126	48	78	5	19	5	19	14	36	50	14	36	4	2	111	201	–	–	312	117	207
Chiswick House	Chiswick House ...	13	19	–	–	32	4	4	8	4	4	–	–	–	1	–	1	2	3	5	2	3	–	3	–	3	2	1	3	2	1	–	–	13	19	–	–	32	13	18
Clapton, Upper ...	Brooke House ...	23	37	–	–	60	9	25	34	9	25	1	3	–	5	–	5	6	16	22	6	16	3	4	3	4	3	5	8	3	5	–	–	23	41	–	–	64	22	39
Finsbury Park ...	Northumberland House	25	50	–	–	75	11	40	51	11	40	2	12	–	3	–	3	11	32	43	11	32	2	9	2	9	2	6	8	2	6	–	–	23	52	–	–	75	24	51
Hayes, Middlesex	Hayes Park	–	14	–	–	14	–	12	12	–	12	–	3	–	2	–	2	–	11	11	–	11	–	5	–	5	–	–	–	–	–	–	–	–	15	–	–	15	–	16
Hillingdon, Uxbridge.	Moorcroft House (and Laurel Lodge).	34	5	–	–	39	8	1	9	8	1	–	–	1	–	1	–	9	1	10	9	1	4	–	4	–	1	–	1	1	–	–	–	32	5	–	–	37	33	5
Isleworth ...	Wyke House ...	8	14	–	–	22	10	11	21	10	11	–	1	5	2	5	2	5	9	14	5	9	–	1	–	1	3	1	4	3	1	–	–	10	15	–	–	25	10	15
Peckham ...	Peckham House ...	78	226	–	–	304	33	70	103	33	70	9	16	5	10	5	10	27	66	93	27	66	4	18	4	18	10	18	28	10	18	4	1	74	212	–	–	286	78	221
Roehampton ...	The Priory	43	45	–	–	88	7	5	12	7	5	1	2	–	–	–	–	4	7	11	4	7	1	1	1	1	4	–	4	4	–	–	–	42	43	–	–	85	41	44
Upper Halliford, Shepperton	Halliford House ...	11	11	–	–	22	2	3	5	2	3	–	1	1	1	1	1	2	1	3	2	1	–	1	–	1	–	1	1	–	1	–	–	11	12	–	–	23	11	12
Tooting Bec Common	Newlands House ...	8	4	–	–	12	1	6	7	1	6	–	–	–	–	–	–	1	4	5	1	4	–	2	–	2	2	1	3	2	1	–	–	6	5	–	–	11	7	4
South End, Catford	Flower House ...	21	–	–	–	21	3	–	3	3	–	–	–	2	–	2	–	1	–	1	1	–	1	–	1	–	–	–	–	–	–	–	–	23	–	–	–	23	20	–
Clapham Park ...	Clarence Lodge ...	–	10	–	–	10	–	7	7	–	7	–	1	–	3	–	3	–	6	6	–	6	–	–	–	–	–	1	1	–	1	–	–	–	10	–	–	10	–	11
Hayes, Middlesex	Mead House	–	13	–	–	13	–	4	4	–	4	–	–	–	1	–	1	–	5	5	–	5	–	1	–	1	–	–	–	–	–	–	–	–	12	–	–	12	–	13
,, ,,	Wood End House ...	–	14	–	–	14	–	4	4	–	4	–	–	–	–	–	–	–	2	2	–	2	–	2	–	2	–	3	3	–	3	–	–	–	13	–	–	13	–	13
Hendon	Hendon Grove ...	–	14	–	–	14	–	8	8	–	8	–	–	–	1	–	1	–	8	8	–	8	–	5	–	5	–	2	2	–	2	–	1	–	12	–	–	12	–	13
Kensington, West	Otto House	–	24	–	–	24	–	7	7	–	7	–	2	–	2	–	2	–	11	11	–	11	–	3	–	3	–	3	3	–	3	–	–	–	17	–	–	17	–	22
Southall	Featherstone Hall ...	–	9	–	–	9	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	9	–	–	9	–	9
Streatham Hill ...	Fenstanton	–	22	–	–	22	–	7	7	–	7	–	3	–	1	–	1	–	5	5	–	5	–	2	–	2	–	–	–	–	–	–	–	–	24	–	–	24	–	23
	TOTAL	390	752	–	–	1,142	135	308	443	135	308	23 (a)	77 (a)	22	38	22	38	116	265	381	116	265	20	76	20	76	41	78	119	41	78	8	4	368	717	–	–	1,085	376	736

(a) In addition to these numbers, 11 patients (6 males and 5 females) were readmitted on fresh reception Orders rendered necessary by previous Orders having expired under Section 38 (1) of the Lunacy Act, 1890.

TABLE I.—*continued*—PROVINCIAL LICENSED HOUSES.

COUNTY.	HOUSES.	NUMBER OF PATIENTS, 1st JANUARY 1926.					ADMISSIONS DURING THE YEAR 1926.										DISCHARGES DURING THE YEAR 1926.							DEATHS DURING THE YEAR 1926.						NUMBER OF PATIENTS REMAINING, 1st JANUARY 1927.					Average Number Resident during 1926.	
		PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.	Total Number			Of the Total Number.							Total Number.	Of the Total Number.						Total Number.	Of the Total Number.					PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.		
										Private (including Criminal Patients).		Re-admissions known to have been at some previous time in the Institution, or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institutions for the Insane.		Of the Number of Transfers. Private (including Criminal Patients).			Private (including Criminal Patients).		Discharged Recovered.		Of the Number Discharged Recovered. Private (including Criminal Patients).			Private (including Criminal Patients)		Number of Post-mortem Examinations made.								
		M.	F.	M.	F.		M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	Total	M.	F.	M.	F.	M.	F.		M.	F.
Beds (Bedford Borough).	Bishopstone House, Bedford	–	8	–	–	8	–	2	2	–	2	–	–	–	1	–	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	9	–	–	9	-	9
Beds	Springfield House, Bedford	16	25	–	–	41	1	3	4	1	3	–	1	-	1	–	1	1	5	6	1	5	–	2	–	2	–	1	1	–	1	–	–	16	22	–	–	38	16	24
Derby	Wye House, Buxton	9	7	–	–	16	2	2	4	2	2	–	–	–	1	–	1	2	1	3	2	1	2	–	2	–	–	1	1	-	1	–	–	9	7	–	–	16	9	6
Devon	Court Hall, Kenton, Exeter	–	7	–	–	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	7	–	7
,, ...	Plympton House, Plympton	4	13	–	–	17	5	3	8	5	3	–	–	–	–		–	4	3	7	4	3	–	2	–	2	-	-	–	–	–	–	–	5	13	–	–	18	4	14
Durham ...	Middleton Hall, Middleton St. George	5	20	–	–	25	3	9	12	3	9	–	–	–	–	–	–	2	3	5	2	3	–	2	–	2	–	1	1	–	1	–	–	6	25	–	–	31	6	23
Essex	Littleton Hall, Shenfield, Brentwood	–	22	–	–	22	–	4	4	–	4	–	–	–	1	–	1	–	3	3	–	3	–	2	–	2	–	4	4	–	4	–	–	–	19	–	–	19	–	19
Gloucester ...	Northwoods, Winterbourne, Bristol ...	11	17	–	–	28	5	7	12	5	7	1	1	–	–	–	–	4	3	7	4	3	1	–	1	-	1	2	3	1	2	–	–	11	19	–	–	30	14	17
,, ...	The Retreat, Fairford	15	29	–	–	44	4	5	9	4	5	–	2	1	2	1	2	1	2	3	1	2	–	2	–	2	1	2	3	1	2	–	–	17	30	–	–	47	16	30
Kent	Malling Place, West Malling, Maidstone	3	28	–	–	31	4	8	12	4	8	1	1	2	3	2	3	3	3	6	3	3	1	2	1	2	–	1	1	–	1	–	–	4	32	–	–	36	3	31
Lancaster ...	Oaklands, Walmersley, Bury ...	–	8	–	–	8	--	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	-	–	1	1	–	1	–	–	–	8	–	–	8	–	8
,, ...	Haydock Lodge, Newton-le-Willows ...	54	67	–	–	121	29	25	54	29	25	8	3	1	1	1	1	20	15	35	20	15	9	3	9	3	8	11	19	8	11	–	–	55	66	–	–	121	53	66
,, (Liverpool City).	Tue Brook Villa, Green Lane, Liverpool.	23	18	–	–	41	9	9	18	9	9	1	1	–	–	–	–	7	6	13	7	6	2	3	2	3	1	3	4	1	3	1	–	24	18	–	-	42	24	18
Lancaster ...	Shaftesbury House, Formby, near Liverpool.	8	25	–	–	33	6	15	21	6	15	–	2	1	2	1	2	4	11	15	4	11	1	4	1	4	2	2	4	2	2	-	–	8	27	-	–	35	9	25
Norfolk (Norwich City).	Heigham Hall, Norwich	13	44	–	–	57	4	13	17	4	13	1	1	1	4	1	4	3	12	15	3	12	1	5	1	5	1	5	6	1	5	-	–	13	40	–	–	53	13	40
,,	The Grove, Catton Grove Road, Norwich	–	19	–	–	19	–	1	1	–	1	–	–	–	1	–	1	-	3	3	-	3	–	1	-	1	.	–	–	–	–	-	–	–	17	–	–	17	–	17
Salop	Stretton House, Church Stretton, Salop	26	–	–	–	26	16	–	16	16	–	2	–	1	–	1	–	11	–	11	11	–	4	–	4	-	4	–	4	4	–	–	–	27	–	–	–	27	30	–
,, ...	Grove House, All Stretton, Salop ...	–	30	–	–	30	–	8	8	–	8	–	2	–	1	–	1	–	6	6	–	6	–	–	–	–	–	–	–	–	–	–	–	–	32	–	–	32	–	30
,, ...	Boreatton Park, Baschurch, near Shrewsbury.	4	7	–	–	11	3	1	4	3	1	–	–	–	–	–	–	2	1	3	2	1	–	–	–	–	1	1	2	1	1	–	–	4	6	–	–	10	4	6
Somerset ...	Brislington House, Bristol	28	40	–	–	68	12	12	24	12	12	1	5	1	1	1	1	5	11	16	5	11	–	6	–	6	4	5	9	4	5	2	–	31	36	–	–	67	31	38
,, ...	Bailbrook House, Bath Easton, Bath ...	3	26	–	–	29	–	6	6	–	6	–	–	–	1	–	1	–	7	7	–	7	–	2	–	2	–	4	4	–	4	–	–	3	21	–	–	24	3	24
Stafford ...	Ashwood House, Kingswinford, Dudley	8	18	–	–	26	1	4	5	1	4	–	1	–	1	–	1	2	1	3	2	1	1	1	1	1	–	2	2	-	2	–	–	7	19	–	–	26	18	7
,, ...	Moat House, Tamworth	–	5	–	–	5	–	2	2	–	2	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	7	–	–	7	–	7
Surrey	The Silver Birches, Church St., Epsom	–	7	–	–	7	–	2	2	-	2	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	9	–	–	9	–	8
Sussex	Ticehurst House, Ticehurst	36	46	–	–	82	5	8	13	5	8	-	1	2	7	2	7	4	4	8	4	4	2	2	2	2		3	3	–	3	–	–	37	47	–	–	84	38	46

TABLE I.—*continued*—PROVINCIAL LICENSED HOUSES—*continued.*

COUNTY.	HOUSES.	NUMBER OF PATIENTS, 1st JANUARY 1926.					ADMISSIONS DURING THE YEAR 1926.										DISCHARGES DURING THE YEAR 1926.										DEATHS DURING THE YEAR 1926.							NUMBER OF PATIENTS REMAINING, 1st JANUARY 1927.					Average Number Resident during 1926.	
		PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.	Total Number			Of the Total Number.							Total Number.			Of the Total Number.							Total Number.			Of the Total Number.				PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.		
										Private (including Criminal Patients).		Re-admissions known to have been at some previous time in the Institution, or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institutions for the Insane.		Of the Number of Transfers			Private (including Criminal Patients).		Discharged Recovered.		Of the Number Discharged Recovered.			Private (including Criminal Patients).		Number of Post-mortem Examinations made.										
																Private (including Criminal Patients).																								
		M.	F.	M.	F.		M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Sussex	St. George's Retreat, Burgess Hill ...	–	64	–	–	64	–	11	11	–	11	–	1	–	6	–	6	–	7	7	–	7	–	4	–	4	–	2	2	–	2	–	–	–	66	–	–	66	–	65
,, ...	Periteau House, Winchelsea	–	4	–	–	4	–	2	2	–	2	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	1	1	–	1	–	–	–	5	–	–	5	–	4
,, (Hastings Borough).	Ashbrook Hall, Hollington, St. Leonards-on-Sea.	–	6	–	–	6	–	3	3	–	3	–	–	–	1	–	1	–	3	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	6	–	–	6	–	6
Warwick ...	Glendossill, Henley - in - Arden, Birmingham.	11	23	–	–	34	5	8	13	5	8	–	2	1	1	1	1	5	3	8	5	3	1	–	1	–	2	1	3	2	1	–	–	9	27	–	–	36	9	25
Wilts	Laverstock House, Salisbury ...	19	31	–	–	50	7	16	23	7	16	1	3	1	3	1	3	6	12	18	6	12	1	4	1	4	–	4	4	–	4	–	1	20	31	–	–	51	20	33
,, (New Sarum City).	The Old Manor, Salisbury	278	215	–	–	493	33	54	87	33	54	5	10	19	18	19	18	31	33	64	31	33	12	13	12	13	9	19	28	9	19	2	1	271	217	–	–	488	270	212
Wilts	Fiddington House, Market Lavington, Devizes.	9	16	–	–	25	–	3	3	–	3	–	1	–	1	–	1	2	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	7	19	–	–	26	9	18
,, ...	Kingsdown House, Box, Chippenham	2	28	–	–	30	–	10	10	–	10	–	–	–	1	–	1	–	10	10	–	10	–	2	–	2	–	–	–	–	–	–	–	2	28	–	–	30	2	27
Yorks, W.R. ...	Greta Bank, Burton-in-Lonsdale, Kirkby Lonsdale.	–	9	–	–	9	–	1	1	–	1	–	–	–	1	–	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	9	–	–	9	–	8
,, (Rotherham Borough).	The Grange, Kimberworth, Rotherham.	–	16	–	–	16	–	7	7	–	7	–	2	–	–	–	–	–	8	8	–	8	–	6	–	6	–	1	1	–	1	–	–	–	14	–	–	14	–	15
York (York City)	The Pleasaunce, Heworth, York ...	–	10	–	–	10	–	4	4	–	4	–	1	–	–	–	–	–	6	6	–	6	–	1	–	1	–	–	–	–	–	–	–	–	8	–	–	8	–	8
	TOTAL	585	958	–	–	1,543	154	269	423	154	269	21 (a)	41 (a)	31	63	31	63	119	184	303	119	184	38	69	38	69	34	77	111	34	77	5	2	586 (b)	966	–	–	1,552	301	941

(*a*) In addition to these numbers, 9 patients (5 males and 4 females) were re-admitted on fresh Reception Orders rendered necessary by previous Orders having expired under Section 38 (1) of the Lunacy Act, 1890.
(*b*) 153 of these patients were paid for by the Ministry of Pensions, and classed as "Service" patients.

TABLE I.—*continued.*

SUMMARY.

	NUMBER OF PATIENTS, 1st JANUARY 1926.					ADMISSIONS DURING THE YEAR 1926.										DISCHARGES DURING THE YEAR 1926.								DEATHS DURING THE YEAR 1926.						NUMBER OF PATIENTS REMAINING, 1st JANUARY, 1927					Average Number Resident during 1926.	
	PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.	Total Number.			Of the Total Number.							Total Number.			Of the Total Number.						Total Number.			Of the Total Number.			PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.		
									Private (including Criminal Patients).		Re-admissions known to have been at some previous time in the Institution, or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institutions for the Insane.		Of the Number of Transfers. Private (including Criminal Patients).			Private (including Criminal Patients).		Discharged Recovered.		Of the Number Discharged Recovered. Private (including Criminal Patients).			Private (including Criminal Patients).		Number of Post-mortem Examinations made.							
	M.	F.	M.	F.		M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.
COUNTY, DISTRICT, AND COUNTY - BOROUGH MENTAL HOSPITALS.	6,817	2,917	40,954	57,148	107,836	10,614	12,731	23,345	495	529	1,624	2,485	1,372	1,477	210	93	5,358	7,145	12,503	768	529	2,633	3,830	312	233	3,946	4,031	7,977	301	240	2,732	2,700	6,782	2,888	42,299	58,732	110,701	48,415	60,698
REGISTERED HOSPITALS	817	1,249	–	–	2,066	203	374	577	203	374	37	84	40	51	40	51	146	284	430	146	284	65	134	65	134	64	75	139	64	75	9	11	810	1,264	–	–	2,074	806	1,249
METROPOLITAN LICENSED HOUSES.	390	752	–	–	1,142	135	308	443	135	308	23	77	22	38	22	38	116	265	381	116	265	20	76	20	76	41	78	119	41	78	8	4	368	717	–	–	1,085	376	736
PROVINCIAL LICENSED HOUSES.	585	958	–	–	1,543	154	269	423	154	269	21	41	31	63	31	63	119	184	303	119	184	38	69	38	69	34	77	111	34	77	5	2	586	966	–	–	1,552	601	941
NAVAL AND MILITARY HOSPITALS.	174	–	–	–	174	192	–	192	192	–	3	–	–	–	–	–	186	–	186	186	–	86	–	86	–	11	–	11	11	–	5	–	169	–	–	–	169	183	–
CRIMINAL ASYLUM ...	585	194	2	–	781	57	16	73	57	16	6	1	2	1	2	1	21	4	25	21	4	4	4	4	4	28	7	35	28	7	20	4	593	199	2	–	794	591	194
PRIVATE SINGLE PATIENTS.	105	274	–	–	379	46	97	143	46	97	–	5	41	78	41	78	34	96	130	34	96	11	13	11	13	7	12	19	7	12	–	1	110	263	–	–	373	107	269
TOTAL	9,473	6,344	40,956	57,148	113,921	11,401	13,795	25,196	1,282 (a)	1,593	1,714 (b)	2,693	1,508	1,708	346	324	5,980	7,978	13,958	1,390 (c)	1,362	2,857	4,126	536	529	4,131	4,280	8,411	486	489	2,779	2,722	9,418 (d)	6,297	42,301	58,732	116,748	51,079	64,087

(*a*) In addition to these numbers, 982 patients (653 males and 329 females) were transferred while resident during 1926, from the Rate-aided to the Private Class.

(*b*) In addition to these numbers, 56 patients (26 males and 30 females) were re-admitted on fresh Reception Orders rendered necessary by previous Orders having expired under Section 38 (1) of the Lunacy Act, 1890.

(*c*) In addition to these numbers, 174 patients (64 males and 110 females) were transferred while resident during 1926, from the Private to the Rate-aided Class; and 58 Criminal (Private) Patients (50 males and 8 females) were retained in the Institution as Rate-aided patients on their ceasing to be "Criminals" during the same year

(*d*) 5,051 of these patients were paid for by the Ministry of Pensions, and classed as "Service" patients; and 478 were paid for by the Board of Control and classed as "Ex-Service" patients.

TABLE II—STATISTICS OF THE VOLUNTARY BOARDERS (53 VICT. c. 5, ss. 229, 231 (8) and 54 & 55 VICT. c. 65, s. 20) in REGISTERED HOSPITALS and LICENSED HOUSES during the Year 1926.

—	Number of Boarders 1 January, 1926.			Number admitted during 1926.		Number who ceased to be Boarders during 1926.						Number of Boarders remaining 1 January, 1927.		
						Number certified as Patients and detained in the Institution.		Number (not certified as Patients) who left.		Number who died in the Institution.				
	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.
REGISTERED HOSPITALS:														
Manchester Royal	16	20	36	27	36	(a) 7	(a) 10	17	26	3	—	16	20	36
Wonford House	4	8	12	11	8	3	2	7	7	1	1	4	6	10
Barnwood House	4	11	15	14	21	2	6	6	10	1	4*	9	12	21
The Lawn	1	5	6	10	11	2	(a) 1	3	10	1	1	5	4	9
Bethel	9	10	19	7	12	—	1	6	7	—	—	10	14	24
St. Andrew's	14	14	28	26	16	4	2	13	11	1	1	22	16	38
The Coppice	2	1	3	6	4	1	1	4	3	—	—	3	1	4
The Warneford	4	7	11	10	10	1	1	5	6	2	—	6	10	16
Coton Hill	1	7	8	5	13	1	3	3	10	—	—	2	7	9
Bethlem Royal	45	48	93	84	106	16	23	68	64	2	4	43	63	106
Holloway Sanatorium	8	17	25	21	18	3	5	12	15	2†	—	12	15	27
Bootham Park	2	6	8	15	13	1	3	10	4	—	2	6	10	16
The Retreat	16	19	35	29	41	(a) 2	(a) 4	26	33	2†	3	15	20	35
METROPOLITAN LICENSED HOUSES:														
Camberwell House	9	24	33	47	71	7	(a) 19	34	42	3	3	12	31	43
Chiswick House	1	—	1	1	1	—	—	2	—	—	—	—	1	1
Brooke House	6	2	8	7	6	1	—	6	6	2	—	4	2	6
Northumberland House	3	5	8	9	16	1	4	9	15	1†	—	1	2	3
Hayes Park	—	1	1	—	4	—	1	—	3	—	—	—	1	1
Moorcroft House	3	4	7	11	–	1	(a) 1	10	—	—	—	3	3	6
Wyke House	3	2	5	3	5	1	2	1	5	—	—	4	—	4
Peckham House	5	13	18	26	23	4	1	17	18	—	1†	10	16	26
The Priory	1	—	1	1	2	—	—	1	—	—	—	1	2	3
Halliford House	1	4	5	2	1	—	—	2	1	—	—	1	4	5
Newlands House	—	—	—	—	2	—	1	—	—	—	—	—	1	1
The Flower House	4	—	4	4	—	1	—	5	—	—	—	2	—	2
Clarence Lodge	—	—	—	—	1	—	1	—	—	—	—	—	—	—
Mead House	—	—	—	—	3	—	—	—	1	—	—	—	2	2
Woodend House	—	1	1	—	3	—	(a) 2	—	2	—	—	—	—	—
Hendon Grove	—	—	—	—	2	—	1	—	1	—	—	—	—	—
Otto House	—	1	1	—	1	—	—	—	2	—	—	—	—	—
Fenstanton	—	—	—	—	5	—	—	—	—	—	2	—	3	3

Springfield House	1	1	2	—	4	—	—	1	3	—	—	—	2	2
Wye House	—	—	—	3	2	—	—	3	1	—	—	—	1	1
Court Hall	—	1	1	—	—	—	—	—	—	—	—	—	1	1
Plympton House	1	1	2	3	1	—	—	3	—	—	1	1	1	2
Middleton Hall	—	—	—	—	3	—	1	—	1	—	—	—	1	1
Littleton Hall	—	1	1	—	8	—	—	—	5	—	—	—	4	4
Northwoods	2	2	4	6	9	(*a*) 2	2	3	5	—	—	3	4	7
The Retreat, Fairford	1	2	3	3	—	1	1	1	—	1	—	1	1	2
Malling Place	3	2	5	2	3	1	—	3	3	—	—	1	2	3
Oaklands	—	1	1	—	3	—	—	—	2	—	—	—	2	2
Haydock Lodge	12	11	23	15	26	1	9	14	17	1	—	11	11	22
Tue Brook Villa	—	3	3	5	2	1	—	3	2	—	—	1	3	4
Shaftesbury House	1	2	3	—	9	—	1	—	7	—	—	1	3	4
Heigham Hall	5	4	9	1	4	—	—	3	5	1	—	2	3	5
The Grove, Catton	—	2	2	—	4	—	—	—	3	—	—	—	3	3
Stretton House	7	—	7	8	—	4	—	7	—	2	—	2	—	2
Grove House	—	4	4	—	6	—	2	—	4	—	—	—	4	4
Boreatton Park	2	2	4	—	—	—	—	—	—	—	—	2	2	4
Brislington House	5	6	11	13	6	(*a*) 4	1	9	3	1	—	4	8	12
Bailbrook House	—	4	4	—	7	—	1	—	6	—	—	—	4	4
Ticehurst House	3	3	6	5	5	1	—	6	4	1	1	—	3	3
St. George's Retreat	—	9	9	—	8	—	2	—	4	—	2	—	9	9
Periteau House	—	—	—	—	1	—	—	—	1	—	—	—	—	—
Glendossill	—	1	1	2	2	—	1	1	1	—	—	1	1	2
Laverstock House	3	6	9	3	11	—	5	2	7	—	1	4	4	8
The Old Manor	7	18	25	30	38	5	7	15	27	3	2	14	20	34
Fiddington House	1	3	4	1	4	—	2	1	2	—	2	1	1	2
Kingsdown House	—	7	7	—	8	—	4	—	7	—	1	—	3	3
Greta Bank	—	—	—	—	1	—	—	—	—	—	—	—	1	1
The Grange	—	—	—	—	12	—	—	—	8	—	—	—	4	4
The Pleasaunce	—	2	2	—	8	—	1	—	7	—	—	—	2	2
SUMMARY:														
Registered Hospitals	126	173	299	265	309	(*b*) 43	(*c*) 62	180	206	15	16	153	198	351
Metropolitan Licensed Houses	36	57	93	111	146	16	(*c*) 33	87	98	6	4	38	68	106
Provincial Licensed Houses	54	98	152	100	196	(*b*) 20	41	75	135	10	10	49	108	157
Total	216	328	544	476	651	(*d*) 79	(*e*) 136	342	439	31	30	240	374	614‡

Of these, certified and sent to other Institutions: (*a*) 1; (*b*) 2; (*c*) 3; (*d*) 4; (*e*) 6.

* Two suicides. † One suicide.

‡ In addition there were resident on this date 153 voluntary patients (57 males and 96 females) in the London County Maudsley Hospital; and 29 (14 males and 15 females) in the City of London Mental Hospital.

APPENDIX B.

Entries by Commissioners at County and Borough Mental Hospitals.

Beds, Herts and Hunts (Three Counties) Mental Hospital.

July 27th, 1926.

Since our colleague's visit in November, 1925, a considerable amount of painting and redecoration of wards and passages has been completed, some is now in progress and more still is in prospect. A new room has been provided for a canteen, which appears to be much appreciated by patients and staff of both sexes, and an artificial sunlight apparatus has been installed. We admired the new dental room with its complete equipment. The building and structure were, we found, generally in good repair and suited to requirements; we thought, however, that the bake-house, with its cramped space and out of date equipment, together with the butcher's accommodation and the absence of a refrigerating plant, are matters that call for immediate remedy. In this connection it is satisfactory to hear that by the reconstruction of the old disused brewery better provision is in contemplation. Whilst on the question of buildings, we would draw attention to the need for some more suitable room for the use of friends viewing the bodies of deceased patients. The existing accommodation is adequate in size and position and only needs some little decoration and equipment on the lines we indicated to Dr. Fuller. We were glad to see some experiments being made with a view to warming the single rooms, and hope that the single rooms attached to the epileptic dormitory will receive early attention in this direction.

The changes that have occurred since November last have left on the books the names of 1,030 patients, of whom 445 are males and 585 are females. The number under detention, however, was 1,017, 4 of the former sex and 9 of the latter being out on trial at the commencement of our visit yesterday morning. These numbers show vacancies for 37 male patients and a surplus over accommodation of 13 on the female side. Out-county cases, mostly from West Ham and London County, number 70 males and 53 females, 123 in all. The weekly maintenance charge per head for home patients is 23*s.* 4*d.*, and for private patients from 35*s.* to 42*s.* Thirty-one patients are usually allowed parole beyond the estate and 65 within but not beyond.

The patients we found to be quiet, orderly, well clothed, and in good general health.

The wards and dormitories were clean, well ventilated and in good condition and the beds and bedding all that could be desired. The former were well supplied with plants, but we thought that in most of them there was a lack of books other than those of a religious type. We should like to see all the bookshelves kept well supplied with story books and a good supply of picture and other papers on the tables.

Further, we should like to see each ward supplied with a post box, preferably with a small glass in front, so that patients can have the satisfaction of knowing that their letters, when posted in these boxes, are cleared at regular intervals by a responsible officer. In the matter of periodicals we would suggest that friends of the institution in the counties served by it might be encouraged to send magazines and papers for which they have no further use. This course has been adopted elsewhere with great success.

We found 8 male patients in bed and 52 female, a discrepancy in numbers for which it was difficult to find an explanation. We thought, indeed, that some of the women might have been out of bed with advantage to themselves, reduction in nursing strain and relief to the female infirmary, which appeared to be somewhat overcrowded.

It was pleasing to note that by the provision for good dental treatment, the installation of sunlight apparatus, and by improvements in dietary, the medical staff are fully aware of the value of attention to physical conditions in the treatment of mental disorder. The possibility of medical treatment on modern lines, however, would be greatly enhanced by the proper equipment and staffing of the existing laboratory. Reliance upon bio-chemical, bacteriological and neuro-pathological work in the treatment of mental disorder becomes increasingly necessary year by year. The time has indeed arrived when no mental hospital can be considered properly equipped for its work unless facilities for laboratory work on the premises are provided. We strongly urge that all necessary fittings should be obtained to enable such work to be carried out and that a skilled (non medical) laboratory assistant should be appointed to work under the direction of the medical staff, who in their turn should have the help of a consulting pathologist who could assist them in matters of difficulty.

With the exception of a case of death from pneumonia and heart failure accelerated by injury before admission, all deaths were due to natural causes, no one of which calls for special comment.

Tuberculosis and dysentery, at one time so prevalent in this hospital, show a greatly reduced incidence, and we believe that still further improvement may be anticipated from the free use of vacuum cleaners which we are glad to hear are used in the wards. The casualties numbered two only, both fractures of bones accidentally sustained.

The subordinate staff now consists of 37 male and 59 female nurses for day and 7 of the former and 9 of the latter for night duty. Sixteen male and 10 female nurses are certificated or registered and 6 of the former and 4 of the latter have passed the preliminary examination for qualification.

We gathered in conversation with the medical superintendent and the matron that considerable difficulty exists in maintaining the strength of the female staff owing to the lack of applications and disinclination to remain after appointment. We think that this difficulty would be reduced were greater attention paid to their comfort and conditions of residence. We realize that much is done to provide them with amenities, games, etc., but are of opinion that the main factor in inducing content—a comfortable home where they can associate with one another and sleep and spend off-duty hours away from patients—is wanting. We have experienced the value of a nurses' home in many other institutions of a similar character, and firmly believe that the willingness of nurses to come, and remain, would be materially increased by such provision. We would therefore suggest to the Committee a consideration of the possibility of remedying this defect by adapting an existing building to this purpose. It would seem that the isolation hospital now unoccupied might be capable of adaptation at comparatively small cost and also be capable of extension in the future. Although not germane at the moment, a visit to another new but disused building, namely, the hospital for tuberculosis and dysentery, suggested to us another adaptation, that is to say, the conversion of this structure into a female admission hospital.

We congratulate Dr. Fuller on the satisfactory condition in which we found the institution, and both him and Dr. Hunter upon their kindly treatment of those under their care.

In addition to Dr. Hunter, Dr. Fuller has to assist him a second (temporary) medical officer in the place of Dr. Finiefs now on leave.

Berkshire Mental Hospital.

January 29th, 1926.

On our visit to the wards yesterday we found 591 patients in residence, all of whom, to the best of our belief, we saw. This number is the result

of changes that have occurred since the visit of our colleague last year—

Admissions, 146.
Patients temporarily transferred to other care, 220.
Discharges, 51.
Deaths, 60.

With regard to patients transferred to other care, the majority (203) have been temporarily boarded out to other hospitals under reception contracts in order to render possible the completion of central heating works which has necessitated the temporary closing of certain wards. The remaining transfers (17) were removed under adjudication orders to their respective chargeable districts. Of the 146 new admissions 68 were admitted through the Poor Law Infirmaries and 78 direct from their homes. With regard to the former we thought that a fair proportion of the senile cases might with adequate nursing have been properly dealt with in infirmaries without removal to a mental hospital. Of the 51 patients discharged, 33 were released on recovery and 18 were dealt with under section 79 of the Act. We were disappointed to find that of all patients discharged one only had been previously allowed out on trial. We desire to advocate this method of testing the fitness of patients for freedom in ordinary life before final discharge. All the 60 deaths were due to natural causes, and no inquests were held. With one exception, general paralysis, the causes of death provide no material for special comment; in view of the fact that 11 persons died from this disease and that no facilities are available here for the pyrexial treatment by induced malaria, we wondered whether some arrangement could not be made with other hospitals where this method of treatment is regularly practised. Experience seems to justify the view that this treatment is proving of value in suitable cases.

The 591 persons under care include 34 in the service and ex-service classes, otherwise there are no private patients. The maintenance rate throughout is 19*s*. 3*d*. per head per week, the actual weekly maintenance cost as last ascertained being 16*s*. $1\frac{3}{8}d$.

We found the patients generally happy and contented with their surroundings and very free from complaints. Good health was apparent throughout, there was no acute sickness, and cases under treatment in bed were limited to senile, otherwise debilitated, and recent cases under special medical and nursing care. Their nutritional state generally appeared to be exceptionally good, an observation supported by the last quarterly record of weights, which showed that 13 patients only in the whole institution had lost, a result that confirms our opinion as to the satisfactory nature of the existing dietary. In this connection we were especially pleased with the care taken to provide an adequate amount of fresh vegetables and fruit.

The cases of tuberculosis have continued to be few in number, 7 only in more or less active form being now under treatment. There has been no case of other infectious condition since the last visit, and the institution is at present quite free. The complete absence of dysentery is very satisfactory.

We found the institution generally in good structural condition and well maintained. Although there is much disorganization due to the presence of workmen engaged in the installation of the central heating apparatus throughout the premises, every effort is made to secure the comfort and welfare of the patients. We found the occupied wards and dormitories clean, comfortable, orderly and bright in appearance; we thought, however, that an increase in the supply of books and periodicals in some of the wards would be desirable.

Comparing the state of the hospital now with its condition when one of us visited it about 5 years ago, it is impossible to be other than impressed with the progress that has been made towards bringing the institution up to a modern state of efficiency. This progress is evident

in most departments; there has been new lighting, new heating, new fire appliances, new water supply, new laundry machinery, new disinfecting arrangements, new bakehouse fittings, external and internal redecoration and improvements in clerical accommodation, a brief list, but one containing works of great magnitude and utility. Realizing this, we hesitate to do more than draw attention to the inadequate character of the existing kitchen accommodation. Doubtless the need for better provision in this department is fully realized. We would suggest for consideration the possibility of the adoption of the system of ward feeding throughout the hospital and the consequent liberation of the present dining hall for conversion into kitchen accommodation.

Another matter to which we attach importance in a hospital of this size is the existence of facilities for pathological laboratory research. As time passes the value of the physical side of the treatment of the insane becomes more and more evident, and we believe that the time has arrived when no mental hospital will be considered fully equipped for its work without adequate provision of this nature. We advocate the provision by every mental hospital of a properly fitted laboratory and the appointment of a properly qualified laboratory assistant; should this for any reason be considered at present impracticable, we would strongly urge an attempt being made at co-operation for this purpose with one or more neighbouring institutions of like character.

The ward staff now consists of 31 male and 40 female nurses for day duty and 6 of the former and 8 of the latter for night observation. Five male and 6 female nurses are fully certificated or registered as mental nurses and 13 of both sexes have passed the preliminary examination for certificate. On both sides the staff is still rather below what is generally considered desirable, but the nurses appeared to us to be capable and efficient.

Dr. Read has the assistance of two medical officers, Drs. Holder and Rohan.

Brecon, Radnor and Montgomery (the Mid-Wales Counties) Mental Hospital.

June 23rd, 1926.

Visiting this institution to-day, and after seeing all departments of it, and to the best of my belief all the patients resident in it, and having given them an opportunity of speaking with me, I can report that it continues to be well maintained and carried on for the welfare of the patients.

Since my colleague's visit nearly ten months ago the following changes have taken place among the patients:—

	Males.	Females.	Total.
Admitted - - - - -	35	28	63
Transferred to other care - -	18	1	19
Discharged - - - - -	20	24	44
of whom recovered - - -	15	12	27
Died - - - - - -	13	6	19

It is satisfactory to note that a good proportion of those discharged were previously allowed out on trial, and that as recommended by my colleague money allowances were granted to several of them.

There are to-day on the statutory books the names of 441 patients in the proportion of 205 males to 236 females. Two of the men are out on trial. Last year the average number of patients who were resident was 452, 219 men and 233 women. The total accommodation in the mental hospital is for 214 men and 198 women; so on this calculation there are but 9 vacant beds for male patients, and there is an excess of 38 female

patients. To relieve the overcrowding 18 Swansea male patients were removed elsewhere, and there are still some 28 Swansea men who could be transferred to make room for the home counties' patients. On the female side, in order to alleviate the congestion now, the isolation hospital is being got ready to take 14 women, and the question of building another block is under consideration.

There are 28 men and 8 women classed as private patients, 25 of the former being of the "Service" or "ex-Service" class. Out-county patients number 28 males, all from Swansea, and received under a reception contract.

The weekly maintenance charge is for the home patients 21*s*. per head, and that for private patients 23*s*. if they belong to any of the three home counties, and 26*s*. for others. The average weekly maintenance cost as last ascertained was 20*s*. 5·34*d*.

I saw the patients mostly in their wards, and on the male side during their dinner meal. Generally they were very quiet, and free from any complaints as to their treatment, and the appeals for discharge were few.

The dinner consisted of fried fish and potatoes, followed by a suet and currant pudding. It was well served, and appeared a popular meal. The electric fish frier which has been installed in the kitchen is proving a valuable addition to the kitchen equipment.

The patients were neatly and suitably clothed and there was a good variety in the women's dresses both as to colour, style and material. Several were wearing their own private clothing.

The general health of the patients is, and has been, good during the winter, no case of epidemic or zymotic disease having occurred. Of the 2 men and 12 women who were in bed at the time of my visit, the majority were there for rest on account of their mental conditions. One man and 3 women are stated to be suffering from tuberculosis. Plans for a verandah on the male side have been submitted to my Board and are now under consideration. It is difficult to find a suitable site for one on the female side, but it is hoped to provide one in the proposed new block.

The mortality rate for the year ended December 31st last was 8·7 per cent. for males and 4·3 for females, or 6·4 per cent. for both sexes. All the 19 deaths since the last visit were from natural causes, verified in only 7 instances by post-mortem examination. The chief causes were heart disease in 8 cases, general paralysis, organic brain disease and senile decay in 2 each. No inquest was held.

There was but one serious casualty, involving the fracture of the wrist of a male patient, who slipped and fell in his ward.

There has been no employment of mechanical restraint or seclusion during the period under review, and the records show that there has been no use of the former since the institution was opened.

The day rooms and galleries are well kept and made comfortable, there being a good supply of plants and flowers and some birds. The arrears of redecoration are being overtaken, and a good deal of repainting has been recently carried out. The improvement of the lighting of the padded room in male ward 3 as suggested by my colleague has been effected by the division of the shutter.

The ward gardens on the male side are very well kept—the grass being mown and there being a good show of flowers. Those on the female side contrast unfavourably with these, and though owing to the lie of the ground they do not lend themselves to be laid out like the male gardens, I think they are capable of improvement.

On visiting the farm I found that the milk utensil room has been completed, and a hot water service installed there.

The nursing staff consists of:—

	Men.	Women.	Total.
Charge - - - - -	10	8	18
Ordinary - - - - -	9	19	28
Night - - - - - -	3	2	5

Eleven of the men and 5 of the women are certificated or registered as mental nurses. Eight other men and 12 other women nurses have passed the preliminary examination only.

The nursing staff appeared to be on very good terms with the patients.

Dr. Drummond has now the assistance of a permanent medical officer, Dr. I. A. Evans, who has been appointed since my colleague's visit.

I was very well satisfied with the conditions I found prevailing here, and I think a good deal of the contentment is due, especially on the male side, to the large amount of parole which is given, as many as 64 men being allowed out beyond the estate by themselves.

Bucks County Mental Hospital.

January 27th, 1926.

With reference to the suggestions made by our colleague who visited this institution in March last year, we have to report that all have received attention. Letter boxes have been made for each ward and many have already been fixed. The old dough mixer which was considered unsafe has now been replaced by one of the most approved modern type made by Baker Perkins and Co. The question of providing plate warmers in the wards is under consideration, the actual installation being delayed pending a decision on the respective merits of steam or electrical heating. The question of the erection of a small admission hospital for both sexes has been deferred for the present owing to uncertainty as to accommodation needs for the future and also for financial reasons. The suggestion that a second assistant medical officer should be appointed, with which we are in agreement, has also been considered but has been found to be impracticable owing to lack of quarters; we are sure, however, that the matter will not be lost sight of when the general question of increased accommodation arises.

As a result of our inspection of the premises to-day, we are glad to be able to report that we found the institution generally well maintained and in excellent order. The day rooms are warm, comfortable, in good decorative state and well supplied with flowers, plants and books. The dormitories were clean and in good order and the beds and bedding all that could be desired. A new cinema operating room has been provided and a new projection apparatus installed, and some improvements and additions have been made to the laundry equipment. We were interested to hear that the electrical cooking apparatus in the kitchen is giving complete satisfaction both from a practical and an economical point of view. The electric baking installation appears to be efficient, but its value from an economic standpoint is more open to question.

Since March 17th last, 152 patients have been admitted, 70 have been discharged (51 on recovery) and 47 have died. We are pleased to note that of the patients discharged 47 were previously allowed out on trial. As a result of these changes there are the names to-day of 710 persons on the books, 703 being in residence and 7 on leave for trial. The total number on the books include 93 private patients, 28 and 2 being in the "Service" and "ex-Service" classes respectively. Out-county cases number 29, 25 of these being temporarily lodged under contract from the Berks Mental Hospital. Of all patients 51 are usually allowed on parole beyond the estate and 40 within the grounds.

According to the estimated total accommodation there are at present 15 vacancies for men but a surplus of 23 patients on the female side. The weekly maintenance charge per head for home patients is 21*s*. and for private patients 21*s*. and 49*s*. The average actual maintenance cost as last ascertained being 20*s*. $4\frac{3}{4}$*d*. per head per week.

To the best of our belief we saw all patients in residence, giving all who desired it an opportunity for conversation. Except in regard to a few cases where mental disorder obviously accounted for their statements we found general contentment, and in not a few instances we received expressions of gratitude for the kindness and care shown to the patients by the medical and nursing staff.

The general health was good, there being an entire absence of acute illness. The cases we found in bed were entirely those under treatment for senile or other debility, patients suffering from chronic diseases associated with mental disorder or persons under special medical and nursing care for mental reasons. We thought the sick wards admirable in their arrangements and were satisfied that all sick patients were receiving adequate care and attention. There was an entire absence of all ordinary forms of epidemic disease and there were only 3 cases of active tuberculosis. The continued absence of dysentery from this hospital is very encouraging.

With one exception, a case of asphyxia by hanging, in circumstances which were duly reported to our Board at the time of occurrence, all deaths were due to natural causes, no one of which calls for special mention. There is but one casualty, a fracture, on record during the period under review.

The ward staff now consists of 33 male and 37 female nurses for day duty and 6 of each sex for night duty. Seven male nurses and 8 female hold charge rank. It is interesting to note that of the 39 male nurses 33 are certificated or registered as mental nurses, and that 22 of the female nurses out of 43 are similarly qualified. In addition, 2 males and 7 female nurses have passed the preliminary examination. We consider this to be a very creditable record. Between 79 and 80 per cent. of the male nurses and over 30 per cent. of the female nurses have to their credit more than 5 years' service.

In conclusion, we desire to congratulate Dr. Kerr and his medical colleague upon the general administration of the hospital and the successful efforts made here to secure the contentment and welfare of the patients.

Cambridgeshire and Isle of Ely Mental Hospital.

December 14th, 1926.

Since the last visit here on behalf of our Board, the hospital has suffered a serious loss by the premature death in November last year of Dr. A. F. Reardon, who had been a member of its medical staff for five and a half years; and of this period he filled the post of superintendent for little more than three years. Though aware that his health was precarious, he never spared himself in the devotion of his best energies to the welfare of the hospital and his patients, and to the development of wider facilities for the treatment of mental illness. To succeed him, the Committee of Visitors appointed Dr. H. Travers Jones, M.B., D.P.M., who, besides much valuable neurological and mental hospital experience, was at that time deputy superintendent at Northants Mental Hospital, and who, as was manifest in the course of my visit here yesterday and to-day, has entered upon his duties with much energy and zeal.

During the interval that has elapsed since the visit of my colleagues in May last year, several useful improvements have been completed. For example, a reorganization of the telephone system and the installation of a "pegging clock" for night use, sanitary annexe improvements at female

wards 3 and 5, and the conversion of the female ward 5, which was a two-storeyed building for 90 patients of the troublesome and noisy class, into two wards, one on the ground floor and one on the first floor, and each containing 45 beds.

The redecoration and painting of the wards has been continued and is still in progress. Where completed, and making allowance for the fact that many of the walls here are unplastered, the effect is very pleasing.

There remains, however, such a very large amount of this work to be overtaken that at the present rate of progress it will take several years to complete, and as many portions are in really urgent need of redecoration I would urge that additional assistance should be authorised so that the work may be greatly accelerated.

The new admission hospital, or, more accurately stated, its east wing, with beds for 25 female patients, is in process of erection. This most wise provision on the part of the Committee will be of great moment to the medical administration of the institution. It is certain, however, that when it is equipped and occupied its use will go but a very short way towards meeting the additional beds required for women, and will bring into sharp relief the need for corresponding medical facilities for male patients and for those facilities projected in the small treatment centre, the ultimate erection of which between the two wings is contemplated. The Committee and Dr. Travers Jones have under active consideration how best to meet the needs for more accommodation for women, and it may be that it will be found possible to relegate certain existing male wards to female patients and that such new buildings for patients as would then be erected would be for men. Subject to the necessity for longer time in which to consider such proposals, the idea sounds very sensible and to be one that may probably bring about a real balance of requirements.

Besides 6 male and 3 female patients absent "on trial," there are now the names of 210 male and 418 female patients on the books. To the latter number, for the purpose of estimating future accommodation, must be added 20 women who are boarded out under contract. There is thus overcrowding on the female side to-day to the extent of at least 74 patients (that is 17 per cent.); and, though by mere measurement of floor space there may appear to be little or no overcrowding by night, yet this is not a safe assumption, as the arrangements of many of the beds in the dormitories where sick nursing is carried out is far from ideal. There is another direction by which more beds for female patients might perhaps be obtained, and which, in the course of consideration being given to the matter, will not, I hope, be overlooked, namely, that by an enlargement of the existing detached nurses' home (erected in 1919) and by making it a unit complete in itself, some valuable space in the main building would be set free. The home at present has sleeping capacity for 25 nurses, 30 sleep in the main building, and 23 sleep outside the premises, mostly in their own homes. I was glad to find that this permission to sleep off the premises is not accorded to probationers.

Another great improvement in progress is the erection of new buildings whereby the stores and auxiliary rooms and the kitchen will be extended and greatly improved; it will also permit a cold storage being provided. The purchase of a Hobart mixer has been sanctioned.

A detached house for the superintendent is about to be erected. When the rooms which at present form his present house are thus set free I hope no time will be lost in providing "married quarters" for the deputy superintendent. The existing arrangement struck me as seriously deficient and inconvenient.

The practice of allowing patients out on trial previous to full discharge continues to be extensively employed here. This is satisfactory; but I would appeal to the Committee, as my colleagues have previously done, to make more frequent use of their power to grant money allowances during a period of trial. Such grants were made to only 4 out of 86 cases.

Parole is granted to 26 male patients, of whom 8 have this privilege beyond the grounds. It is hoped to arrange a ward on the open door system, perhaps by a small alteration of male ward 5a.

The weekly maintenance charge is at present 23*s.* 11*d.* per head, the actual cost as last estimated being slightly more than this sum.

The 31 male and 40 female deaths have all been from natural causes, verified in 75 per cent. of the 71 cases by post mortem examinations. That their importance is fully realised is manifest from the care taken in the records of these examinations. The clinical records are also in good order, and, the use here of clinical rooms is extending, no doubt they will tend to be fuller. It was satisfactory to me that with the aid of a well trained laboratory assistant efforts are made to maintain continuity of work in the laboratory. Perhaps it may be some day practicable to appoint a visiting pathologist who would give part-time services. The incidence of tuberculosis seems satisfactorily small; 4 cases (all but one being women) among the deaths and 9 cases (5 on the male and 4 on the female side) among those now resident. I feel sure that real pains are taken here to detect any cases of this disease. Apart from it there has been an entire immunity from infective disorders. This fact, coupled with the appearance of the patients and the low death rate (6·4 per cent. in 1925, the percentages on the male and female sides being 9·6 and 4·7 per cent.), lead me to think that the general health of the institution is good. There have been 5 cases of fracture, two caused by unavoidable struggles and the others the results of simple accidents.

With the general condition of the patients and with all that is being done for them I was well content. The wards were all comfortably warm; though whether this would be so in really cold weather I am doubtful, as I find that the pressure of steam obtainable is distinctly small.

It struck me how small is the supply of magazines, picture papers and especially of books on shelves in the wards so as to be freely available to the patients. In the latter part of my visit yesterday, and after sunset, the inconvenience of absence of artificial light in so many of the night rooms was somewhat painfully apparent. To remedy this by gas brackets would, I believe, be costly for structural reasons, and hence my hope, for this and for many other advantages which would ensue, that the Committee will sympathetically consider the installation of electric current.

As medical colleagues, Dr. Travers Jones has to assist him Dr. J. G. T. Thomas (deputy superintendent) and Dr. F. M. Deighton.

Joint Counties Mental Hospital, Carmarthen.

October 19th, 1926.

Our colleagues at their visit in December of last year entered very fully into the consideration of various matters in connection with this hospital which they felt required the attention of the Committee. The correspondence which has in the meantime taken place with our Board shows that the Committee were in entire sympathy with the recommendations which had been so fully set forth.

The various matters have been seriously looked into by the Committee, and they have resolved that, in the main, steps should be taken to deal with them.

(1) The sterilising of milk cans at the farm is being dealt with by the construction of a storing shed for milking utensils which is to be connected with a steam jet at the engine house. We think that a basin with hot water supply should be fixed in one of the buildings where those engaged in milking can wash their hands, and that the conditions should not be left as at present. A cupboard for clean towels and overalls should also be supplied.

(2) The bagatelle board at Job's Well is to be, but has not as yet been, repaired, nor has there as yet been a proper number of overcoats supplied here for the patients. We may here draw attention to a lack in the number of overcoats in other male wards which still prevails. The women appear to have a good supply of warm and tasteful shawls.

(3) The nightshirts are being slowly increased.
The radiators are used when thought necessary.

(4) Nail brushes and sanitary paper have been supplied.

(5) As to the lighting of the wards and the supply of incandescent burners. The gas was said to be of unusually bad quality at the time of the last visit. During our visit the supply was very scanty in consequence of the shortage of coal through the strike, but it is evident to us that the lighting of the wards must at all times be inadequate under existing arrangements. We hope, therefore, that the Committee will reconsider this question and put incandescent burners into use in all the wards. Without them reading, except possibly immediately under the gas jets, must be almost impossible.

(6) A basin has been ordered in connection with the kitchen w.c.

(7) We found a good supply of writing paper in the wards, but there were no envelopes. This will no doubt be amended.

(8) Dr. Richards has now made a report on the dietary of the institution which is to be fully considered by the Committee at their next meeting—this week. We hope full consideration will be given the Report of the Departmental Committee upon this subject.

(9) We are very pleased to note that a dentist now pays weekly visits and that a room has been temporarily equipped for his use.

Another appointment, that of a second assistant medical officer, which was made in June, is one with which we are, as may be gathered from previous reports, in the fullest sympathy.

Since the last visit a slicer, parer and hot closet have been added to the kitchen equipment. A fish frier has not yet been supplied, but will not, we hope, be lost sight of.

It is very satisfactory to learn that, after many years of negotiation, arrangements have at last been made with the Town to deal with the sewage of the hospital, and we are informed that steps will shortly be taken to carry out this arrangement.

The water supply is a serious question. It has been commented upon before, and the matter has lately been reported upon by an expert. Quite apart from the drinking water, the wholly inadequate supply which would be available in the event of a fire has given, and does give, thought for the alarming position which would arise in such an eventuality. The tanks, even if full, would last but for 20—30 minutes, and we think the Committee should no longer defer the provision of a sufficient storage to meet every contingency.

There are a few details which we think need attention:—

(1) A poison cupboard should be supplied or a locked inner door should be fixed in the present medicine cupboards.

(2) There is a shortage of hot bottles in the infirmary wards.

(3) The mangle in the laundry should have another guard affixed in the position pointed out by us.

(4) We should like to learn that the patients are allowed to undress beside their beds.

(5) Though a fair amount of renovation has been effected, there is still need for more, especially perhaps in male ward 6.

(6) There is a shortage of w.c.s, and we think this might be looked into and remedied when the new drainage scheme is carried out.

We have, as we believe, seen all the patients in residence. They made no complaints; we thought they were an unusually contented body, and we are satisfied that they are being tactfully and well cared for.

The wards are very well kept and the beds are properly ordered throughout.

Since December 9th, 1925, there have been 127 admissions, and as a result of the changes amongst the patients, including 61 discharges (39 on recovery), there are on the books 652 patients—males 322, females 330—all of whom are at present in residence. Parole beyond the estate is granted to 70 male patients, and 2 have a similar but restricted privilege within the grounds. We would ask Dr. Richards to consider the question of granting some degree of this privilege to trusted female patients.

Club wards exist on both sides and we understand the question of supplying them with a light supper is under consideration.

There is overcrowding on both sides—males 36, females 33.

The maintenance rate is for home patients 20*s*. 5*d*. per week, and for private patients, of whom there are 54, including 19 classed as "Service," from 22*s*. 6*d*. to 35*s*.

There has been no mechanical restraint or seclusion.

The staff consists of—

Charge male nurses -	6	Charge female nurses -	6
Ordinary - - -	31	Ordinary - - -	26

for day, and 3 of each for night duty. There are 39 male and 28 female nurses who are certificated or registered as mental nurses and 6 and 1 respectively have passed the preliminary examination.

Except for a severe epidemic of influenza, which attacked 64 patients and 8 members of the staff, with fatal results to 5 male patients, the hospital has been free from epidemic disease, and we understand that the patients have enjoyed good health. We only saw 11 women and 15 men confined to bed, and they consisted mostly of senile infirm patients and a few who were being rested for mental reasons.

The sick appeared to be carefully nursed in the infirmaries, and we were glad to see that in these wards several of the lower window sashes can be opened to their full extent.

The 44 deaths, 31 males and 13 females, were all due to natural causes, but the cause was verified by post mortem examination in only 10 instances. Heart disease and general paralysis of the insane, which were the causes of 15 deaths on the male as against 1 on the female side, account for the greater mortality. No inquests have been held.

Dr. Richards has the assistance of Dr. G. E. Harries and Dr. Griffiths (a lady) in his administration of the hospital.

Cheshire Mental Hospitals.—1. *Upton, Chester.*

April 24th, 1926.

We have to-day completed our inspection of this institution, which we commenced yesterday, and during the course of our visit have been to all the wards, shops, and departments, and to the best of belief seen all the patients in residence.

Since our colleagues' visit on the 13th June last year, the following numerical changes have taken place:—

	Males.	Females.	Total.
Admitted - - - - -	130	149	279
Transferred to other care - -	7	17	24
Discharged - - - - -	67	70	137
of whom recovered - - -	41	50	91
of whom dealt with under s. 79	15	14	29
Allowed out on trial - - -	30	42	72
Granted money allowances - -	25	38	63
Died - - - - - -	49	58	107

There are now on the statutory books the names of 1,493 patients—360 males and 833 females. Private patients number 109 men and 54 women; of the former 63 are of the "Service" class and 10 of the "ex-Service." The majority of the "Service" men are warded together in one ward, M.4.

Out-county patients number 116, 49 males and 67 females, of whom 34 and 59 respectively are received under contract from the City of Chester, and 13 men and 6 women under a war-time arrangement with the Guardians of the Chester Union. There are also 4 other out-county patients chargeable to other authorities.

The weekly maintenance rate for the home and Chester Union patients is 18*s.* 1*d.* per head; that for the Chester City cases 18*s.* 1*d.* plus £1,200 a year for 60 patients, and £20 per year for each patient over that number.

The average weekly cost as last ascertained was 18*s.* 0½*d.* per head.

Two men and 4 women are now out on trial. We are very glad to note the large number of patients who are granted trial and to whom money allowances are given.

A liberal amount of parole is allowed, some 65 men and 15 women having permission to walk beyond the estate unattended, and about 19 men and 25 women within the grounds. One male ward is administered on the open-door principle.

The accommodation in the institution is for 721 patients on the male and 804 for the female side, although in the latter there is additional sleeping accommodation for 49 women. There are therefore vacancies for 61 men, but the female side is over full.

The average number of patients resident during last year was 651 males and 830 females.

We understand that the question of providing extra accommodation is engaging the consideration of the Committee, as well as improving that in the present buildings, such as by providing extra verandahs and widening existing ones.

Nearing completion is the provision of new workshops and stores in the basement of the centre of the 1829 building.

There is also in hand at present the demolition of some out-buildings, the old mortuary, smithy, and boiler-house, in connection with further improvements of the ward gardens for female patients in the old building. The new sanitary annexe to F. ward 6 is practically finished, and affords very good accommodation.

A new double-decker oven is being erected in the main kitchen and electric irons installed in the laundry, where a large new Callender and steam clothes press have been provided.

The wards generally were clean, tidy and well-kept. Some redecoration and painting have been completed and some are in progress. There are still, however, several parts of the building which require attention. In some wards, for instance in F.3, we notice that there was no separate cupboard, or portion of a cupboard separately locked, for the storing of poisons.

The dormitories and side rooms, with their beds and bedding, were tidy and well-kept. There are dormitories—non-observation—such as F.3 and 9, which are not in direct communication with a staff room, and we suggest the instalment of a bell communicating with the nearest nurse's room.

Generally, the wards gardens were bright with flowers and shrubs and well-kept, but some required more attention, as F.10, where there were several pieces of broken seats lying about.

On the whole the patients appeared contented and on good terms with the nursing staff. Apart from the usual number of appeals for discharge we received no complaints as to their treatment from the patients. Their dress and personal tidiness were satisfactory.

The general health of patients throughout the institution was good, there being evidence of good nutrition and little by way of acute sickness. This satisfactory state of patients is undoubtedly due to a liberal dietary scale, which is also well varied in its constituent foods, and to the attention that is paid to hygienic conditions of life—free open-air advantages, warm clothing, and a maximum of opportunities for exercise. The last-named factor will be increased in value by the additional facilities that will be afforded by the extension of garden space that will follow the demolition (previously referred to) of some buildings (including two cottages) surrounding the oldest part of the premises—work that is being carried out in its entirety in accordance with suggestions made by our Board. The execution of this work will also enable the better classification of patients during exercise.

The arrangements in the Annexe for the reception and treatment of recent cases are good, but we think somewhat lacking in opportunity for the segregation of noisy cases from those of quieter type, and in the provision of continuous baths for the treatment of noisy cases occurring here, and in other parts of the institution. We note with pleasure the use made of the laboratory, the emphasis placed upon good dental work, and the employment of electro-therapeutic measures for the treatment of mental disorder from its physical aspect. The opportunities for this phase of work have been increased by the recent installation of a complete ultra-violet ray plant and a diathermic couch and apparatus.

The sick wards were well fitted for their purpose, and we satisfied ourselves that patients under treatment therein were receiving all necessary medical and nursing care and attention. Amongst the sick were cases of chronic disease, persons suffering from senile and other debility, and patients under special nursing care for mental reasons, in about the proportion usually found in mental hospitals. Patients suffering from tuberculosis numbered 31, some being under treatment in verandahs. The accommodation for the open-air treatment of this disease is inadequate, a fact that we realise is fully appreciated. Verandahs exist, but they are in many cases too narrow for the use of patients in bed. No case of dysentery was under treatment to-day, although 10 have been notified as occurring since last visit. We had some conversation with the medical superintendent concerning the prevention of this disease. Some patients were under treatment for general paralysis by induced malaria, the protective conditions being satisfactory in character.

Deaths since June 13th last have numbered 107, all but 3 being due to natural causes, no one of which calls for special comment. The exceptions, all the subject of inquests, were in one case death from exhaustion following an attempt at suicide before admission, in another a death from drowning without sufficient evidence to show how the deceased got into the water, and the third due to exposure to inclement weather during absence on escape.

Eleven casualties are recorded, all fractures or dislocation of bones accidentally sustained. In addition, a female patient in one of the wards, which we did not visit yesterday, and who was not considered suicidal,

early this morning attempted suicide by hanging, but the attenpt was frustrated by the prompt action of a nurse.

The present nursing staff consists of:—

	Men.	Women.	Total.
Sisters (General Hospital trained)	—	3	3
Charge - - - - -	12	17	29
Ordinary - - - - -	52	96	148
Night - - - - -	10	20	30

Twenty-four women nurses are employed with the male patients.

Thirty-one of the male and 28 of the women nurses are certificated or registered as mental nurses, whilst 20 other men and 27 other women have passed their preliminary examination.

The male attendants' quarters, known as the Barracks, being no longer required for them, has been converted into accommodation for female nurses under the name of "Newholme."

Dr. Grills has the assistance of Dr. P. W. Power as deputy superintendent, of Dr. J. T. H. Madill, who will be leaving shortly to take up the post of senior assistant medical officer at the Hertfordshire Mental Hospital, of Dr. Isabella A. Gillespie, and of Dr. F. H. Healey, as medical officers. Married quarters have been temporarily found for the latter in the isolation hospital, but we think it very important that every institution of this character should be provided with suitable accommodation for married medical officers. There is no work where continuity of service is more essential, and there is no probability of securing this unless facilities are afforded for married men.

Cheshire Mental Hospitals.—2. Parkside.

April 28th, 1926.

We have to-day completed our visit to this institution, which we commenced yesterday, and are pleased to report that it continues to be most efficiently administered and carried on for the welfare of those resident therein.

Since our colleagues' visit five months ago the following numerical changes are to be recorded:—

	Males.	Females.	Total.
Admitted - - - - -	28	70	98
Transferred to other care - -	—	30	30
Discharged - - - - -	19	28	47
of whom recovered - - -	7	15	22
of whom dealt with under s. 25	7	—	7
of whom dealt with under s. 79	1	6	7
Allowed out on trial - - -	7	15	22
Granted money allowances - -	4	1	5
Died - - - - - -	11	29	40

There are now on the books the names of 1,315 patients, in the proportion of 572 males to 743 females; 4 of the latter are out on trial, leaving 1,311 patients in residence, all of whom we believe we have seen and given an opportunity of speaking with us.

Private patients number 116 men and 102 women. Of the former 65 are "Service" and 4 "ex-Service" patients, the majority of them being warded in M. wards 4 and 3. Other male patients are accommodated in one side of Uplands, and the female private patients in the other part of Uplands and the West Villa.

There are 6 men and 19 women chargeable to out-county authorities, 14 of the latter sex being received under contract from the City of Nottingham, which is being terminated. Thirty women who were here under this contract have already been transferred elsewhere. The remaining 11 out-county patients are chargeable to 9 various unions.

The weekly maintenance charge is for the home patients 16*s*. 11*d*. and for those of the private class from 21*s*. to 77*s*. The average weekly maintenance cost for the year ended 31st March last was 16*s* 11$\frac{5}{8}$*d*.

The accommodation in the institution as returned to us is for 550 patients on the male side, and for 740 on the female, a total of 1,290. On this calculation there is an excess of 22 men and only one vacancy for a female. The average number of patients resident during the past year was 1,317—565 males and 752 females.

We understand that the question of providing further accommodation for both sexes is engaging the consideration of the Committee, and the medical superintendent pointed out to us a site for such extensions which appeared to be very suitable.

The fabric of the institution is very well maintained, and painting and redecoration kept up to date. Since the last visit F.2 ward and the male side of Uplands have been done, and the female side of that building is now in hand.

In progress are the extensions to the laundry, which will give accommodation for the staff washing.

The grounds and gardens are very well kept, especially those adjacent to the newer buildings. In the main building the court off F. ward 5 is being reconstructed and asphalted paths being laid. We noticed that the paths in the court used by the female patients in wards 6 and 7, and also in court No. 3, were in want of repair.

We found the patients of both sexes very contented and quiet and well behaved. We received no complaints and very few appeals for discharge. Their dress and personal appearance were satisfactory. The matters mentioned by our colleagues in this respect have been attended to.

The return of the weekly average number of patients usefully employed is very good, being for last year 64·7 per cent. for males and 61·9 per cent. for females. Useful work is being done in the brush and mat making line, where sufficient articles are produced for this institution and the other Cheshire Mental Hospital. On the female side we saw some excellent work being done under the occupation mistress, as well as in the sewing and needle rooms.

The members of the medical staff of this hospital deserve the utmost credit for their efforts to secure the largest possible number of recoveries, and the physical and mental welfare of their patients generally; efforts that are made obvious by the addition year by year of many valuable adjuncts to treatment. The full appreciation of the necessity for securing good physical health as an essential prelude to mental recovery, evidently the keynote of medical activity, is also commendable. Dr. Cormac's desire to obtain for the benefit of his patients treatment and nursing on the most advanced modern lines, from their admission onwards, is evidently receiving the support it deserves from the Committee and from his medical and nursing colleagues.

We were pleased to note the increase of facilities for the treatment of recent cases, which we regard as the most important of all measures, in that it is from this class as a whole that the best results are most likely to be obtained. The admission wards, amongst the most pleasant in this institution, are supplemented with well arranged spacious verandahs and provided with clinical and treatment rooms in close proximity. The treatment rooms attached to both male and female admission wards, besides being admirable in conception and execution, are complete with equipment up to the best modern standard of efficiency. Each contains continuous, needle, and shower baths, a radiant heat bath and massage couch—these

departments being staffed with nurses skilled in the use of each detail of equipment. We regard these treatment centres for dealing with new admissions as models of their kind, and were satisfied that careful observations are being made as to the extent and manner in which each detail in equipment can be used to its greatest advantage.

Another advance in the direction of scientific treatment is the development of the ultra-violet radiation plant for the benefit of both recent and chronic cases, a therapeutic measure that promises well from both physiological and psychological standpoints. We understand that the application of this treatment has resulted in improvement alike in both mental and physical state in the majority of persons subjected to its influence.

As evidence of the progressive medical spirit that obtains, we are glad to record that each assistant medical officer is encouraged to interest himself in some special branch of scientific work bearing upon the physiological, bio-chemical and pathological body changes that occur in the insane, researches that must eventually prove of value for diagnostic and treatment purposes. In this connection the work carried out in the laboratory is worthy of special mention, a department under the general supervision of a visiting pathologist and the immediate direction of an assistant medical officer of experience, who has the services of a trained laboratory assistant. In this department a great deal of valuable work has been, and is being, done, in such directions as the ordinary routine and bacteriological examination of excreta, the chemical and bacteriological examination of blood, the preparation of tissue sections for microscopical examination, Wassermann reactions, and the ascertainment of metabolic changes. We formed the opinion that this branch of medical work is carefully and efficiently carried out.

The value of occupation, exercise and amusement as factors in the medical treatment of mental disorder is also fully appreciated and accorded due prominence. The steady development of means for the employment of patients who are in some cases unfitted for ordinary occupations is a commendable feature, and the recent equipment of a gymnasium, in which is given a course of instruction for male patients (and members of the nursing staff), is a valuable addition to the facilities afforded for exercise.

We have dealt with these matters at some length in order to emphasise our sympathy with the medical staff in their efforts to maintain a high standard of efficiency and our general satisfaction at the results obtained.

The general health of patients at the time of our visit was good, and there was a minimum of sickness, the majority of patients in bed being of the usual type—persons suffering from chronic diseases associated with mental disorder, or persons under special nursing care for mental reasons. The sick were receiving adequate medical and nursing care under conditions equivalent in all respects to those obtaining in the best general hospitals.

Cases of tuberculosis under treatment were few in number, 9 only, 7 of whom were males and 2 females. There were 3 cases of dysentery, all females, a small outbreak of this disease having occurred recently mostly in one ward. This outbreak is receiving close attention.

With one exception, a case of death resulting from poison taken before admission, all the 40 deaths that have occurred during the period under review have been due to natural causes, no one of such causes calling for special comment.

Serious casualties are represented by three fractures of bones, one dislocation and a case of bruising and shock, all accidentally sustained.

No mechanical restraint has been employed, and seclusion has only been resorted to in the cases of two patients of each sex for short periods.

The present nursing staff is as follows:—

	Males.	Females.	Total.
Charge sisters - - - -	7	19	26
Ordinary nurses - - - -	41	68	109
Night nurses - - - -	9	16	25

Four wards on the male side are entirely staffed by women nurses, 18 of whom are thus employed.

We were impressed by the smartness of the nursing staff generally and the evidence they gave us of good training and efficiency. We were glad to hear that the maintenance of this condition has been secured by the appointment of a sister tutor, and that, to the same end, 4 sisters on the staff have been granted study leave while undergoing a course of training at the Cardiff Royal Infirmary.

Eighteen of the male and 34 of the women nurses are certificated or registered as mental nurses, whilst 9 other men and 22 women have passed the preliminary examination.

Dr. Cormac has been appointed as a lecturer in Mental Diseases in the Manchester University, and conducts the clinical instruction of students at this hospital. We yesterday saw such a class in progress.

The medical staff to assist Dr. Cormac consists of Dr. George G. Parkin as deputy superintendent, Dr. L. Chevens, who is at present absent on a course of six months' study in the United States, Dr. H. Stafford, Dr. E. A. Wilson and Dr. E. E. Rollins, the latter on a temporary footing. Dr. P. B. Mumford is the visiting pathologist and Mr. E. B. Manley the visiting dentist.

We hope that the Committee will favourably consider the provision of additional accommodation for married medical officers as soon as this becomes possible. Good team work in an institution like this is essential, and to ensure this every inducement should be afforded that will facilitate continuity of service.

Cornwall Mental Hospital.

October 26th, 1926.

The changes which have taken place amongst the patients since my colleagues' visited in May, 1925, leave on the books the names of 1,087 patients, 507 men and 580 women, and all were in residence yesterday when I inspected the institution except 13 men and 16 women, who were away on trial.

The total accommodation provides 517 male and 580 female patients, so that the female side is now full and there are only 10 vacancies for males, but on the male side some further accommodation is provided in what is known as the Foster Yard, where suspected cases of tuberculosis are isolated. Here are small day rooms, a dormitory and beds in the open, and 23 patients are accommodated, but how many beds can properly be added to the hospital accommodation cannot be decided until the various rooms here are measured up. So far the measurements of day rooms and dormitories throughout the hospital has not been done, and it may be that when this is finished the total number of patients who can be accommodated will vary from that now given, but in any case future need will have to receive the careful consideration of the Committee. I understand the Committee are now considering the purchase of a house at Liskeard which it is estimated would receive some 30 patients. It is suggested that convalescent and quiet, harmless female patients should be sent here, and I have no doubt that if the house, when inspected, should prove to be suitable, the scheme would have the approval of my Board.

The private patients number 64 men and 43 women, 42 of the former being "Service" and "ex-Service" patients, and 16 patients, 3 men and 13 women, are chargeable to out-county Unions.

The maintenance charges are 20*s*. 5*d*. for home and from 25*s*. to 84*s*. for private patients.

The patients who have been discharged "recovered" number 110, and I was glad to see that as many as 190 have been allowed to go out on trial; money allowances are now granted more frequently.

The various matters to which my colleagues drew attention have received the consideration of the Committee. Redecoration has continued and is still going on, the admission ward on the female side is now in use, and the operating theatre is waiting for its equipment. Some more books have been provided, but the quantity is still entirely insufficient and the method of distribution needs better arranging, and more bed tables have been issued to the infirmaries.

Unfortunately, a clinical laboratory with a technical assistant to work under the medical staff has not been agreed to by the Committee, and its absence is much felt, as it is impossible now to carry out routine tests as an aid to diagnosis.

The system of electric lighting has nearly been completed throughout the hospital, wireless receiving sets are being placed in the ward on both sides, and the new hot water system in the isolation hospital has been completed. Many more fruit trees are being planted about the grounds.

On visiting the wards I found them to be well kept and the patients to be as happy and contented as they can be whilst under detention. They appear to be on excellent terms with members of the staff, and I received no complaint of any kind as to their treatment. The only complaint I heard was with regard to the soup dinner, which does not appear to be popular, and perhaps it may be found possible to alter it in some way to make it more to the patients' liking.

The patients were well clothed, and I was glad to hear that lighter boots are gradually being obtained for the women. The bedding was most satisfactory. There was some shortage of night dresses for the women and for the sick in the male infirmary ward, of slippers on the female side and of nail brushes in the lavatories.

A casualty book should be kept in each ward.

The patients appeared to be in good health and the hospital has been free from epidemic disease except for one mild case of paratyphoid on the male side. There have, however, been 7 cases of severe diarrhœa, all of which occurred in two wards in the female Rashleigh building. It is quite possible that some, if not all, of these were cases of dysentery, but in the absence of a laboratory the diagnosis could not be made certain. All patients who have had dysentery in the past are segregated in wards by themselves, and I hope that in future caution cards will be issued with regard to any doubtful cases. Care is taken in dealing with the foul laundry to prevent the spread of infection, but I hope it will be found possible to avoid handling this clothing as often as it is now done.

Only 6 patients, all female, are known to be suffering from tuberculosis, and these are isolated in the new fever hospital. Caution cards should be issued concerning those and any other doubtful cases.

All the 90 deaths were due to natural causes, though one, concerning which and two others inquests were held, was complicated by an old standing fractured femur. They call for no notice here.

The death rate for 1925 was satisfactorily low, being 8·3 per cent, for males, 7·5 per cent. for females, or a total of 7·9 per cent. for the two sexes.

The female admission ward is answering its purpose well, and will be a great asset to the female side, but I hope it will be kept for recent cases only and not to be used in any way as an observation ward for other troublesome cases. A continuous bath in the adjoining bathroom would be a great advantage in the treatment of patients.

I hope that in the bathrooms on the female side each bath may be screened from the other by curtains. I am sure this would be much appreciated by the patients.

The staff consists of 66 male and 75 female nurses for day and of 11 male and 9 female nurses for night duty. No females work on the male side. It is very satisfactory to see that 45 men are certificated or registered as mental nurses and that 10 others have passed their preliminary examination. Of the female nurses 7 are certificated or registered, and 18 have passed the preliminary examination. Their teaching is conducted under the medical staff and the matron, doubly qualified, and her two hospital-trained assistants, and I have no doubt the number of successful candidates will soon be increased. As it was Committee day yesterday I had the advantage of seeing the Chairman and other members and of giving them my views with regard to the suggested house at Liskeard.

Dr. Dudley's time was mostly taken up by the Committee, and I was shown round and given all information by Dr. Rivers and Dr. Dixon, the senior and assistant medical officers. These gentlemen are the only assistants, and they are in charge of over 500 patients each. This proportion of doctors to patients is far below the average of Mental Hospitals throughout the country, and I would strongly urge on the Committee the necessity of appointing a second assistant at an early date. My colleagues also drew attention to this shortage at their visit last year.

Though I have called attention to various matters which I consider may be improved, I was very satisfied the patients were being most kindly and carefully looked after. My visit was a most pleasant one.

Cumberland and Westmorland Mental Hospital.

June 10th, 1926.

I have to-day visited this institution and can report that it continues to be well administered by Dr. Farquharson for the care and welfare of those resident therein.

Since my colleague's visit 15 months ago the following numerical changes have taken place among the patients:—

	Males.	Females.	Total.
Admitted - - - - -	68	92	160
Transferred to other care - -	2	3	5
Discharged - - - - -	25	39	64
of whom (a) recovered - -	12	29	41
(b) under s. 25 - -	6	1	7
(c) under s. 79 - -	5	6	11
Allowed out on trial - - -	13	26	39
Died - - - - - -	25	45	70

There are now on the statutory books the names of 843 patients, in the proportion of 442 males to 401 females. Forty-three of the former and 29 of the latter are of the private class, 30 of the men being of the "Service or "-ex-Service" class. At present only 10 female patients of the private class are found to be suitable to be accommodated in the private villa, Westmorland House. The other private villa, Cumberland House, which has accommodation for 24 male patients, is used by female nurses.

All the patients whose names are on the books are in residence, and to the best of my belief I have seen them all and given them an opportunity of speaking with me.

The total accommodation in the institution is for 481 patients on the male side and 439 on the female side. In both cases the accommodation in the private villas is included, and there are at present vacancies for

40 men and 41 women. The average number resident during last year was 839, 441 men and 398 women.

The weekly maintenance charge for the home patients is 18*s.* 8*d.* and for those of the private class from 28*s.* to 42*s.* The average weekly maintenance cost as last ascertained was 17*s.* 11*d.*

To-day, the weather being wet, I found the patients of both sexes in their wards or in the laundry and kitchen. I received no complaints as to their treatment and no undue number of appeals for discharge. The patients were generally very contented, well behaved, and satisfactory in regard to their dress and personal appearance. On the female side, besides those engaged in the laundry, kitchen and workroom, I was glad to see a good number engaged in needlework in the day rooms.

The day rooms and galleries were clean and well kept, and the dormitories and side rooms, with their beds and bedding, in a satisfactory state. A good deal of repainting and redecoration has been carried out, and some is now in progress on the male side. Twelve teak doors have been substituted for the old doors on either side of the institution to hinder the spread of fire, and additional fire hydrants have been installed. Some 26 fireplaces in various wards are being replaced by new types with glazed bricks.

Another improvement which has been completed since the last visit is the remaking of the road from the institution to the end of the lane.

The question of remodelling the administrative block is engaging the consideration of the Visiting Committee, and preliminary plans have already been submitted to my Board. I hope this much needed improvement will receive the sanction of the authorities concerned.

A cinema installation has been provided at the rear of the stage in the dining hall, and is nearly completed.

The death rate for last year was very low, being 4·1 per cent. for males, 10 for females, or 6·9 per cent. for both sexes together, on the average daily number of patients resident.

Of the 70 deaths since my colleague's visit, all were from natural causes, and it is very satisfactory to note that in each case a post mortem examination was made. No inquest was held. The chief causes of death were heart disease in 11 instances, senile decay in 10, tuberculosis and pneumonia in 9 each.

The general health of the patients is now good, and of the 48 men and 65 women whom I found in bed the greater number were there for rest on account of their mental condition.

In April and May of this year there was an outbreak of influenza, when 29 male and 5 female patients, and 7 male and one female nurses were attacked.

In April last two female patients were attacked with dysentery, with fatal result in one case.

There are to-day 6 men and 10 women suffering from tuberculosis, and though they are not separately nursed they are accommodated in the wards with verandahs, and are given as much open-air treatment as possible.

It is very satisfactory to record that there have been no serious casualties during the past 15 months, which speaks well for the kindness and tact exhibited by the nursing staff in dealing with the troublesome patients.

There has been no employment of any form of mechanical restraint or seclusion.

Parole is allowed to 20 men inside the estate and to one beyond. It has not yet been found possible to institute any "open door" wards into the grounds generally.

The present nursing staff is as follows:—

	Men.	Women.	Total.
Charge - - - - -	8	9	17
Ordinary - - - - -	37	45	82
Night - - - - - -	7	7	14
Registered as mental nurses -	13	5	18
Passed preliminary examination	4	4	8

Two women nurses are employed in one of the male infirmaries.

I visited the mortuary, and have made some suggestions to Dr. Farquharson as to improving the arrangements by which friends and relatives of deceased patients may view the bodies.

I have also suggested to him the advisability of electric lighting of the outside fire escape staircase being provided.

Dr. Farquharson has the assistance of two medical officers, Dr. J. Anderson and Dr. A. W. Watt.

The North Wales Counties Mental Hospital, Denbigh.

June 22nd, 1926.

During the earlier hours of my visit to this hospital yesterday I had the pleasure of meeting the Committee. As the result of conversation with many of its members I was pleased with the interest obviously taken by them in the general welfare of the institution and the patients detained therein. It is interesting to note amongst other things that some 5 or 6 of its members are medical men, and that the recently appointed lady member is a medical woman, who is anxious to make a specialty of matters relating to the comfort and welfare of female patients. I feel sure that the Committee as a whole will benefit from her knowledge and experience.

The changes that have taken place amongst patients since my colleague's visit about a year ago have left on the books the names of 1,096 patients, of whom 534 are males and 562 females. Of the total number, 3 men and 11 women are out on leave for trial, reducing the number actually resident to 1,082. This number, compared with the schedule of accommodation returned to my Board on January 1st last, shows overcrowding to the extent of 12 on the male and 45 on the female sides—a position, having regard to the steady admission rate, that is disquieting. I was glad to find that the seriousness of this condition is fully appreciated, that the necessity for further accommodation is acknowledged, and that the matter is not likely to be lost sight of. It is satisfactory to find that, when additional buildings become possible, the general impression favours provision for new admissions on separate premises, and that it is proposed that the recent acquisition of Gwynfryn shall form the nucleus of such a building. To the best of my belief, either during yesterday or to-day, I have seen all patients, holding conversation with such as desired it. Making allowances for requests for discharge made by persons unfit for release and complaints obviously due to mental disorder, patients generally were quiet, contented, in good health, and presented the appearance of being well cared for. The sick in bed, to the number of 44, were receiving adequate nursing care and attention, and consisted for the most part of debilitated persons, or patients under special nursing care for mental reasons. Acute sickness was limited to one or two cases convalescent after inflammatory lung trouble, a case of diphtheria in a nurse, of unknown source, and two of acute tonsillitis. None of these was seriously ill. Diphtheria appears to be prevalent in the neighbourhood, and 11 sporadic cases have occurred during the last 12 months, 6 of these being amongst the female nursing staff. Although no case is under treatment at present, 10 cases of dysentery have been treated during the same period. There were to-day 13 cases of tuberculosis under care in varying degrees of

activity. With such a strong medical element on the Committee, it seems unnecessary to do more than point out the value that would accrue to the institution from the provision of a properly equipped pathological laboratory for the discovery of chronic cases of dysentery, at present unrecognised, and its consequent prevention. Such a department, if under the immediate supervision of a skilled laboratory assistant, would also be of inestimable value in other directions. The prominence placed of late upon the physical treatment of mental disorder, and the benefit that has accrued to other mental hospitals from the provision of a laboratory are reasons for its establishment. The time is not far distant when no institution such as this will be considered properly equipped without this valuable aid to diagnosis and treatment.

The 88 deaths that have occurred since June 12th, 1925, call for no special comment, there being no particular incidence on any one cause. In one case death was due to hypostatic pneumonia following an accident resulting in a broken rib in circumstances reported to my Board at the time of occurrence, otherwise all deaths were due to natural causes. Three inquests have been held.

One casualty is reported—a fractured wrist, due to an accidental fall.

The premises generally are well maintained, and are throughout in a fair state as to decoration. The day rooms are comfortable and the dormitories clean and orderly. The inadequate lavatory accommodation in the older parts of the building has been the subject of repeated reference. I am glad to hear that plans are now before my Board for the reconstruction of the lavatory annexes in male ward 5, which most needs attention, and that the necessity for a similar improvement in connection with some of the other wards will not be overlooked.

The recent purchase of Gwynfryn, an adjacent property, is a valuable acquisition both for the additional accommodation it provides and for its possibilities as a nucleus for extension. It is at present in use for housing quiet and useful female patients, who seem to be very happy in their new surroundings.

I thought some of the ward gardens restricted in area for the number of patients in them, and that their value would be enhanced by extension and the removal of high walls that present a very forbidding appearance. It seemed to me that adjacent ground rendered this possible, at any rate in regard to some of them. The two verandahs that have been erected on the female side, and one completed on the male side, are valuable additions to the institution.

The weekly maintenance for home patients is now 18*s*. 8*d*. per head per week, and the charge for private patients varies from 29*s*. 9*d*. to 73*s*. 6*d*. per week.

The nursing staff now consists of 57 male and 59 female nurses for day duty, and 6 of the former and 7 of the latter for night duty. Seven male and 2 female nurses are certificated or registered as mental nurses, and 5 and 2 respectively have passed the preliminary examination for certificate.

Dr. Jones still has the assistance of Dr. Hutton and Dr. Davies as his medical officers, who showed during my visit an intimate knowledge of their cases.

The homely character of this institution is its pleasing feature, and it is pleasant to record the good feeling that exists between patients and staff.

Derby County Mental Hospital.

October 22nd, 1926.

We began our inspection of this hospital yesterday afternoon and have continued it to-day. The Committee of Visitors contemplate an extensive programme of additions and improvements here. They included (1) an admission hospital for 40 male and 40 female patients; (2) two auxiliary

convalescent homes for recovering patients; (3) villas for quiet and industrious patients; (4) possibly two sanatoria for the segregated treatment of patients suffering from such conditions as tuberculosis, etc.; (5) a detached nurses' home for 70 members of the female staff; (6) twelve additional cottages for married male staff; and (7) a house for the deputy superintendent. The 12 cottages are just being commenced, and the plans of the admission hospital and nurses' home are nearly completed.

This enlightened policy on the part of the Committee renders it unnecessary to particularize the deficiencies and defects which are fully realized and are more or less inherent in an institution parts of which are three-quarters of a century old. When the scheme is fully completed this institution will take its place as a mental hospital fully equipped for the treatment on modern lines of mental diseases.

Since the last visit of a member of our Board in June last year, a good deal of redecoration has been done, and the installation of electric light has been completed on the female side. A new pegging-clock system and intercommunicating telephone system has been installed, a new Hobart potato cleaner has been placed in the vegetable shed, and a Hobart mixer in the kitchen. Besides these important introductions various important work has been done by way of repairs to the structure of the building and improvements in the engineering department.

We found the wards and dormitories in good order, the former being nicely supplied with books, games, plants, etc., and in spite of the necessity for economy in fuel the rooms had nice fires burning and felt to us comfortably warm.

The patients were clean, nicely clothed, and except for one or two individual cases, very orderly, free from excitement and apparently contented. We had no complaints made to us except on the subject of detention. In the course of our progress round the building we had an opportunity late last night of seeing the patients enjoying themselves at a dance in the recreation hall, followed by a cinema entertainment. We feel sure that the cost of the installation of the cinema is fully justified by the obvious enjoyment expressed last night by the patients during the short time we were able to watch the entertainment.

During the period under review 279 patients have been admitted, 13 have been transferred to other care, 141 have been discharged (75 upon recovery), and 107 have died. Sixteen patients were discharged under sec. 25 and 47 under sec. 79. Leave on trial to test their fitness for discharge was allowed in 114 cases, money allowances being granted in 29 cases.

There are now on the statutory books the names of 403 males and 406 females, but 4 men and 6 women were out on trial at the time of our visit, so that the numbers in residence, all of whom we believe we saw, were 399 men and 400 women, a total of 799.

The only private patients are 34 " Service " patients.

Parole is usually granted to 44 male and 3 females beyond the estate, and to 45 male patients within the boundaries of the estate.

The weekly maintenance charge per head for home patients is 21*s*. 7*d*., the average weekly cost for the year as last estimated being 22*s*. 5*d*.

With respect to two male cases of exceptional difficulty resort has been had to mechanical restraint, and seclusion has been employed for brief periods in the cases of 25 male and 23 female patients.

A male patient (F.J.) committed suicide under circumstances fully reported to our Board at the time. An aged man admitted with a broken collar-bone died three weeks after admission, another male patient, who suffered from tuberculosis of the lungs, died one month after having fractured his jaw in an accidental fall, and a male patient, while absent on trial, had an accidental fall by which he injured his skull with fatal results. Inquests were held in three of these cases. The only other casualties of a serious nature have been two cases of fracture, both the results of simple

accidents, and both followed by recovery from the injury. Apart from the first four of the foregoing cases, all the 66 male and 41 female deaths were from natural causes, verified in 66 per cent. of them by post mortem examination. While this is a fair proportion, and better than it was five years ago, it is one which we hope will be still further increased.

Although there were only 2 female deaths from general paralysis, no less than 22 (33 per cent.) of the male deaths were due to this disorder. We have had some conversation with Dr. Bartlett as to whether the effect of treatment by induced malaria might not be tried here or whether cases might not be sent to a mental hospital where arrangements for this treatment have been made.

Tuberculosis was the cause in 16 per cent. of the deaths, the proportion among the female being rather higher than among the male deaths. This is a marked reduction upon the corresponding proportion in recent years here. It is, however, sufficiently high to raise a legitimate doubt—which the medical staff will probably share—whether 10 and 9 (the present numbers of known tuberculosis cases on the male and female sides) really represent the full number of ambulatory cases.

Dysentery, commencing with a case last December, was followed by 5 others; all were males, and 4 succumbed. The only other infective disorders have been 2 female cases of scarlet fever, one a patient and one a member of the staff.

We found 26 male and 23 female patients in bed—6 per cent. of the total in residence. The attention being given to them was in all respects very satisfactory, and it was pleasant to see the liberal supply of hot water bottles in use for the 45 patients who, in order to benefit by open-air treatment, sleep on verandahs at night. At the time of our visit 15 of these verandah beds were in occupation during the day-time. We looked through a number of the clinical records; they are of a high standard, and reflect evident care and interest on the part of the medical staff.

The annual returns sent to our office indicate only 5 per cent. of the patients being taken for walks outside the grounds. We suggest that efforts be made to increase this proportion.

With regard to occupations for the patients—one of the best aids to treatment, especially in protracted cases of mental disorder—we are particularly glad to learn that the difficulties in employing patients in the shops here have been overcome.

There is, however, room for a good deal of improvement in the number of patients really usefully employed. Far too high proportions of those returned as employed (56 per cent. of the men and 77 per cent. of the women) are said merely to assist in the wards. Other occupations should be found for many of these employable patients. Is it not possible to employ ten or a dozen more women in the laundry? Of the total male patients 16 per cent. work on the farm and gardens. We should like to see the number increased, and we suggest for consideration the possibility of employing some of the women on the land. This is done with success at some mental hospitals, and some are employed successfully at poultry keeping. We are not a little surprised to find, in answer to our enquiries in this connection, that no poultry are kept and reared here.

As medical colleagues Dr. Bartlett has to assist him Dr. W. R. McGlashan, D.P.M. (deputy superintendent), and Dr. W. Hosie. As this is eminently a favourable centre, we hope that some day a link may be established between this institution and the General Hospital, whereby out-patient treatment of early mental illness may be treated at the latter by the medical staff here, and team work by the appointment of visiting specialists to the mental hospital may be established. These important developments were dealt with at some length in our Board's Annual Reports this and last year.

Devon Mental Hospital.

June 8th, 1926.

Since this hospital was last visited by two members of the Board, several alterations and improvements of varying importance have been effected or are in process of being carried out or in contemplation:—

(1) Clinical rooms are now attached to all wards except three.

(2) A verandah in connection with the female admission ward is nearing completion.

(3) Sanitary spurs are in course of enlargement at male wards 5 and 6.

(4) The kitchen has been tiled and the floor relaid, and we understand the scullery is to be dealt with in a similar manner.

(5) A sheltered gallery, with door opening from the dormitory so that patients may sit out, is to be erected in connection with the male infirmary.

(6) Lockers for patients' use have been placed between the beds in some of the wards and are to be extended to others.

(7) Nightdress cases are being gradually supplied in the female dormitories.

(8) Automatic latrine toilet paper boxes are in use in the sanitary spurs.

(9) The drainage of the hospital, which has been found to be defective, is gradually being renovated.

We think that a verandah should be constructed in connection with the infirmary of the female blocks, having a door opening from the dormitory.

The hospital is throughout in very good order, and the patients, all of whom in residence have been seen by us, are in receipt of proper care and supervision. We had no complaint in regard to treatment or surroundings, but during the course of the dinner which we saw in process of being served, we received some criticisms of the meal, which was evidently not greatly favoured, and which consisted of what was called stew, but was in reality soup, followed by rice pudding made with condensed milk.

We note with much satisfaction that new milk is now given at breakfast and tea, but we hope that, as is the practice at so many hospitals, some additions may be made to these meals so as to improve them and do away with the monotony which now prevails.

We have discussed with Dr. Eager the question of improving the conditions which exist in the airing court of female ward 3, where there were yesterday so many troublesome and noisy patients in such close proximity to the court of the admission ward. We hope he will see some way of so arranging the disposal of these patients as will prove of advantage to them and the occupants of the admission ward.

The only other matter to which we need refer is the lack of books and periodicals which is still apparent in some wards, more especially in those where the troublesome and more degraded patients are.

As a result of the changes which have taken place since the last visit, including 154 discharges (90 on recovery and 53 under section 79 of the Lunacy Act), there are on the books 480 male and 728 female patients, of whom 45 are Out-county patients. There are 12 patients "on trial," leaving in residence and seen by us 1,196 patients, male 475, female 721.

Trial is largely made use of and open door system is favoured, and as many as 31 patients have parole beyond the estate and 89 within the grounds. There appear to be vacancies for 107 males and 35 women.

The maintenance rate for home patients is 22*s*. 2*d*. and for private patients from £70 per annum to 63*s*. per week.

Mechanical restraint has only been employed in the case of two patients.

The staff consists of—

Charge male nurses -	14	Charge female nurses -	19
Ordinary - - -	51	Ordinary - - -	75

by day and 10 and 14 respectively for night duty. Four female nurses are employed on the male side. Forty-one male and 13 female nurses are certificated or registered as mental nurses, and 7 of the former and 13 of the latter have passed the preliminary examination.

In the last report reference was made at some length to the advances which have been made in the medical resources of the hospital by the appointment of a staff of visiting specialists; by the erection of a small treatment centre which contains an X-ray room, an operating theatre and a dentist's room, and the addition of a continuous bath on the female side. Here we need only add that the treatment centre and the continuous bath have been largely used, and that the advice and help of the visiting staff are proving of the greatest value both to the patients and the resident staff. Unfortunately, the X-ray room, a room 14 feet square, has proved too small, and it will be necessary to add to its size. The need for a sterilizing room attached to the theatre has also been felt, and should opportunity occur the addition of a waiting room and a small surgeon's room, with lavatory accommodation, would be a great improvement.

In the laboratory much useful work continues to be done, and during last year as many as 1,440 examinations were made, including the bacteriological examinations of the hospital water supply and large numbers of examinations as an aid to clinical diagnosis.

Enteric fever, which happily has been absent from the institution since December last, attacked in all 13 female patients and 3 members of the female staff and one male patient during the period under review. No definite origin of the disease has been discovered, though one supposed female carrier has been isolated. As a safeguard against any recurrence all new admissions continue to be inoculated against the disease.

Unfortunately, dysentery has been present almost continuously, though only in small numbers, but we were glad to know that great care is taken in isolating all cases and in doing everything possible to prevent its spread.

The incidence of tuberculosis is still somewhat high, and there are now 28 patients known to be suffering from this disease. The isolation hospital is used for the acute cases, and suspects are treated in block 1 on the male side and block 7 on the female side. In these wards are also accommodated patients who have had dysentery or enteric fever, and we hope that in future the stock of clothing and bedding will be reserved entirely for their use.

The deaths, with the exception of one due to an accident, were all due to internal causes, and it is satisfactory to add that the death rate for 1925 was the low one of 6·6 per cent.

We visited "Spurfield House," which has recently been purchased by the Committee, and we understand is intended eventually to accommodate either the private or some other class of patients. The house is now being arranged for the use of some 30 nurses, and we are satisfied that this arrangement is a good one only as a temporary relief until a proper nurses' block is erected. A number of the nurses will have to be accommodated in dormitories in this house, an arrangement which cannot be looked upon with favour except for a minimum period.

The hospital continues to be ably administered by Dr. Eager and his medical staff.

Dorset Mental Hospital.

February 5th, 1926.

Dr. Peachell, the medical superintendent, at present on leave, has been constrained in consequence of continued ill-health to tender his resignation as from April 1st.

Our Board has already received an intimation from the Visiting Committee that they have reluctantly been compelled to accept it, and has expressed to the Committee and to Dr. Peachell great regret that he had found it necessary to take such a step. We, as the Visiting Commissioners, cannot allow the occasion to pass without adding our personal feelings of regret, and expressing a sincere hope that, with rest and complete relaxation from the anxieties attendant upon the duties in connection with this hospital, he will ere long be completely restored, and that he will again be able to engage in those activities where his skill and experience may be best used to the advantage of the community.

Dr. P. W. P. Bedford, the deputy superintendent, has been appointed to succeed him, and is at present on duty. He was with us during our visit, gave us all possible help, showed a very active interest in his work, and we cannot but think that the Committee have been wise in their choice. We wish him all success.

Since the last visit the rearrangement of the male general bathroom, with means for treatment by continuous bath, has been completed; the dental room is in use, and we are glad to see that an operating room, quite apart from the dental room, is nearing completion; the ventilation of the drying room in the laundry has also been effected. We think that, for the sake of privacy, dwarf doors should be attached to the w.c.s, and the existing doors to the staff w.c.s should be carried higher. It has for long been evident that the heating and lighting equipment of this hospital is by no means efficient, and that the whole question requires careful consideration. We are therefore glad to know that the Committee have entered into communication with well-known engineers for the purpose of obtaining a full report and being advised as to what should be done in order to place these important matters in connection with the general comfort and efficiency of the hospital upon a satisfactory basis. No doubt, in considering these questions and in considering what had best be carried out, full regard will be given to the heating and lighting from one centre, not only of the existing buildings but of future additions, such as a nurses' home which is in contemplation, and it is hoped an admission hospital in the no distant future.

The erection of a nurses' home would undoubtedly be an aid to the lack of female accommodation which is almost becoming acute, and we express an earnest hope that the project will be energetically dealt with.

We would also remind the Committee of the letter which was addressed to them by the Board in July of last year in regard to the provision of further mental accommodation, and would ask them, in addition to the other alternatives referred to in that letter, to give their attention to the possibility of obtaining the use of the whole or part of some Poor Law institution for the purpose of putting the provisions of s. 26 of the Lunacy Act into operation. We have had the advantage of discussing this with Dr. Bedford, who will doubtless express to the Committee in more detail the views which we placed before him.

An admission hospital will have at some time to be considered, as no mental hospital can be viewed as equipped upon modern lines in the absence of really efficient means for the treatment of newly admitted patients. Without such means the administration is unduly hampered. The present arrangements on the male side are not quite what we can view with favour, as those who for their proper treatment are confined for a time to bed are for the purposes of night observation removed from the day dormitory to another, and that the epileptic dormitory. This, we think, is hardly conducive to their comfort or treatment, and until further accommodation is provided on the lines we have mentioned we hope that arrangements may be made, possibly by an increase in the staffing of the wards, whereby the present practice will become unnecessary.

We have seen all patients in residence and are satisfied that they are receiving admirable care and supervision, and we were struck, in going through the wards and talking to the patients, how content they were with their surroundings and diet and with all that is being done for them. The dietary appears to be a good one, and no doubt will lend itself to even further variety and possibly improvement when the contemplated rearrangements in the power plant of the hospital will enable additions to be made to the kitchen equipment. We note with satisfaction that whole milk is given to all patients and that the margarine contains 10 per cent. of butter.

We know that the Committee realize that at both Herrison and the main building redecoration in parts is very desirable, and in south male ward a commencement has been made. As soon as it has been decided upon what steps are necessary in connection with the lighting and heating, we hope that the desired decoration will be carried out, as of course we realize that it would be unwise to decorate at once if it were in part destroyed by subsequent interference with the walls in consequence of the relighting and heating.

A refrigerating plant would be found of great use and is a matter well worthy of consideration.

Since July 15th, 1925, there have been 85 admissions, 56 patients have been discharged, 24 on recovery, and 25 have died.

Those on trial number 31, and we hope that full consideration is always given to the question of granting money allowances to those whose stability is thus being tested.

There are 358 males and 516 females on the books, 213 of whom—ladies 124, gentlemen 89—are of the private class. The " Service " patients are 15 in number. There are 13 Out-county patients.

Ten patients are on trial, leaving in residence 355 men and 509 women, and these we understand we have seen.

Sixty-two patients, males 48, females 14, have parole beyond the estate, and 27, males 26 and 1 woman, have a more restricted parole within the grounds.

There are open door and club wards on each side.

On the male side are vacancies for 99 patients, but on the female side there is an excess of one.

The maintenance rate for home patients is 22*s*. 9*d*. and for private patients from 24*s*. 6*d*. to 42*s*. and upwards.

There has been no mechanical restraint and but one patient has been secluded.

The staff consists of—

Charge male nurses -	10	Charge female nurses -	14
Ordinary - - -	38	Ordinary - - -	64

for day duty and 6 and 12 respectively for night duty.

Two nurses are employed on the male side.

Fifteen male and 14 female nurses are certificated or registered as mental nurses, and 17 of the former and 25 of the latter have passed the preliminary examination.

The death rate during 1925 was remarkably low, 5·5 per cent. of the average number resident (6·9 per cent. male and 4·5 per cent. female).

Such satisfactory figures, coupled with the general healthy appearance of the patients and the almost negligible incidence of infective disorders, go far to confirm our impression that the patients here are very well looked after, that the medical and nursing work is maintained at a good standard and is being developed to meet modern requirements on right lines.

The deaths, 9 on the male side and 16 on the female side, have all been from natural causes, verified by post mortem examination in 52 per cent. of these 25 cases, a proportion which we hope it will be possible to materially increase.

There is nothing among these deaths calling for special notice. Only 3 (1 male and 2 females) were due to tuberculosis and the number of tuberculosis cases now under observation is 7, all but one of which are women; these 7 cases are very fairly segregated. The only other cases of infective disorder have been limited to 8 patients (in equal numbers as to sex) and one member of the staff who contracted measles, of which it appears there have been a good many cases in the neighbourhood.

We were glad to observe that despite this nearly total absence of communicable diseases, which is very satisfactory, a careful and frequent bacteriological and other examination of the water supply is being maintained, and that plant for its systematic chlorination is approaching completion. In this connection we think that, by way of precaution, the tap at each of the laundry hand taps which delivers rain water might with advantage be lengthened (e.g. by stout rubber piping) so as to diminish any temptation to patients to use this water for drinking purposes.

There have been only 2 casualties of any seriousness; neither call for special allusion.

The patients under treatment in bed were 5 males and 30 females. We saw with satisfaction the activity that prevails in the laboratory as an aid to clinical work, and were glad to note the existence of a laboratory assistant on the staff.

We have perused with interest the last report upon the work carried out at the out-patient clinic at the Dorset County Hospital. This work deserves every encouragement, and we discussed with Dr. Bedford some lines on which it might be extended.

Durham Mental Hocpital.

June 22nd, 1926.

In the course of a long day yesterday and part of to-day, we have paid the annual visit on behalf of our Board to this hospital. In the forefront of our remarks we desire to refer to the retirement, on the 12th April last, of Dr. Cribb from the post of medical superintendent owing, we regret to say, to failing health.

For rather more than 29 years he had exercised his professional skill in the treatment of mental disorders, and during $13\frac{1}{3}$ years of the whole time Dr. Cribb had held the position of superintendent here and had devoted his best energies to the welfare of this hospital and his patients. To succeed him, the Committee of Visitors have promoted the deputy superintendent, Dr. George Francis May, who had been 23 years on the medical staff here. He has an intimate knowledge of the institution and appreciates the difficulties of adapting its buildings, some of which are nearly 70 years old, to meet modern medical requirements; but we have been favourably impressed with his desire to surmount these difficulties, and we have confidence that, with the support of his Committee, this can be accomplished.

From what we have seen we are inclined to place in the front of these difficulties one, the removal of which lies indeed primarily upon the Committee, namely, the serious overcrowding in some of the wards. Among these we may mention female wards 3, 4, 7 and 8, and male ward 2. We were glad to see that the work of putting a plate in each ward showing the superficial area thereof is now being proceeded with, and when this is finished it can be easily seen where attention in the above matter is most urgently required.

We found the day rooms clean and well kept, and as a rule well supplied with plants and flowers, but there was, we thought, a scarcity of books in some wards; indeed, in one room there were no books at all, in spite of the fact that there is, as we saw, a good library belonging to the institution. We realize that some destruction is likely to occur, but we believe that

when the destructive class of patient gets thoroughly used to seeing the day rooms well supplied with books they can for the most part be taught to treat the articles placed in their day rooms for their amusement and pleasure with care and respect.

We were rather struck in the big wards at Winterton at the difference in appearance of the day rooms on the male and the female side. Those on the female side seemed to us to present a far more homely and comfortable appearance than on the male side, and we think it was very largely due to the fact that the former was well supplied with plants and flowers and that there were also a large number of low easy chairs there. Another matter which we think requires attention on the male side at Winterton is the supply of facilities for games, e.g., in one of these very large wards we were told there were only two packs of cards available for use. The linoleum, though it has been repaired in many places, is still in need of attention, particularly in male ward 8 and in the passage leading to the Infirmary at Winterton. In male ward 8 we were inclined to think that the floor felt weak in places, and when the worn linoleum is dealt with we recommend that the opportunity should be taken to examine the floor and the condition of the air space beneath it. During the course of our inspection we were met at various points with a somewhat stuffy atmosphere, and in this connection we should like to see some more of the windows unstopped, protection from accident being given where necessary and especially in the upper floors in some way as unobtrusive as possible. The lavatory accommodation is in our opinion very inadequate in some parts of the hospital. As instances of this inadequacy we may mention ward F.1, where there are 2 w.c.s for 48 patients, F.2, where there are 2 w.c.s for 41 patients, and F.3, where there are 2 w.c.s for 63 patients. We were glad to hear from the superintendent that the doors of some of the w.c.s are to be altered in order that some degree of privacy, which is absent at present, may be obtained.

The ward gardens were well kept and some of them extremely pretty with well made flower borders, but we should like to see some endeavour made to plant the garden, where we saw many of the patients of wards F. 1, 2 and 4, with trees, with the object of giving some shade on hot days, and in the meantime something might be done in the way of sheds or kiosks to afford shade to patients, which we feel sure is sometimes needed. We understand that a good part of this garden was taken for cultivation of vegetables during the war; we confess we should like to see it restored to its former size. The contrast between it and the corresponding garden on the male side is so very marked that we hope something may be done to equalize matters and to make the garden on the female side as cheerful and pretty as that on the male side. It was very nice to see the male patients lying about on the lawn slopes and enjoying the sun, and also earlier in the day to realize that work, in the shape of pulling small carts and mowing machines, is found for the most excited class of male patient. On the female side, too, we saw several women working in the fields, and hope that it may be possible to increase the numbers engaged in this class of work; also, if some sort of squad work could be arranged for the more restless women such as is provided for the men, we think it would be for the benefit of all concerned. In the officers' laundry we saw what we thought was a dangerous band on the mangle, and think that it might easily be adequately protected. The drying room, too, felt to us extremely hot, and we had some talk with the engineer as to remedying this. In the dining hall many of the white American cloths covering the dining tables were badly in need of repair, a matter that we hope will not be long delayed as the present condition of the table coverings gives a generally squalid appearance to the hall. The kitchen is badly in need of some modern improvements, and we are glad to hear that the matter is under consideration. We noticed that there was no lavatory basin in connection with the

kitchen w.c. for patients; this is a matter which in our opinion merits very early attention.

The patients were on the whole very orderly and clean and well clothed. We gave all an opportunity of telling us of any grievances, but beyond the usual number of applications for discharge from persons quite unfitted for it we had very few complaints. The dinner that we saw served, consisting of good soup and bread and cheese, seemed to be much appreciated.

Since the last visit by two of our colleagues in March, 1925, 489 patients have been admitted, 17 have been transferred to other care, and 190 have been discharged. Of the latter 66 had recovered, 1 was dealt with under sec. 25, and 45 under sec. 79 of the Lunacy Act of 1890. The deaths number 184. These changes leave on the books the names of 749 male and 737 female patients, a total of 1,486. Two women were out on trial at the time of our visit, leaving in residence a total of 1,484, all of whom we believe we have seen. One hundred men and 8 women are classified as private patients, 91 of the former being " Service " and 7 " ex-Service " patients. Eleven patients are Out-county patients, 8 being chargeable to West Hartlepool County Boro.

Thirty patients have been allowed out on trial, and parole is usually granted to 20 women and 79 men beyond and 14 women and 12 men within the estate, that is to say, 14 per cent of the women and no less than 35 per cent. of the men have the privilege of parole, proportions which are above the average elsewhere, and no doubt partly account for the general contentment of the patients. In connection with the effort which is being made to improve the classification of the patients, consideration might well be given to grouping as many of the parole patients together as practicable so as to secure that at least one ward or villa on each side can be administered as an open door and club unit.

Adverting again to the question of overcrowding, while with respect to dormitory space there are nominally 81 vacancies on the male and 30 on the female side, this space is unfortunately where it is least wanted; for instance, the dormitory of the admission ward on the female side is so overcrowded as to render effective treatment most difficult. As our colleagues said last year, the right index to take in relation to this hospital's necessities is the day space, as to which the 13 male vacancies and the overcrowding by 28 on the female side noted by them last year are now represented by overcrowding to the extent of 31 (4·3 per cent.) on the male and no less than 82 (12·5 per cent.) on the female side. The question as to how best to meet this situation, which, at any rate on the female side, is one of gravity, should we suggest be considered in close connection with the unsuitability of the existing admission wards for their purpose—that on the female side is too small, access can only be obtained to it through another ward, and it is entirely devoid of any ward garden; and both wards are without any special facilities for the examination and treatment of recent cases. We therefore hope that renewed consideration will be given to the provision of an admission hospital and perhaps of two small villas to serve as convalescent homes, one for each sex. Besides such special provision for recent cases, conversation which we had with many of the patients convinced us of the pressing need for a clinical room in each ward for the use of the medical staff; this can generally be arranged at quite a small cost by the adaptation of some existing room, such as a nurse's bedroom, a step possibly the easier to take here owing to the number of nurses allowed to live out. As to the permission that is being granted to women nurses to live out we feel some concern; at present 21 out of 77 day nurses and 11 out of 21 night nurses live out. Our Board are not opposed to the practice; but its principles should be defined, the merits of each instance in which permission is granted should be carefully considered, and we suggest (1) that it should

not be granted to any nurse until she has passed through her probationary period and become certificated in mental nursing, and (2) that care is needed that an adequate number sleep in positions to ensure safety, in case of emergency, during the night. At present 15 of the 57 bedrooms in the nurses' home are vacant; there seems, therefore, no lack of sleeping accommodation for the nursing staff.

The death rate during 1925 was 9·3 per cent., 10·7 among the men and 7·8 among the women. There has been one case of suicide by hanging and one from fracture of the skull caused by precipitation through a window; in both cases the circumstances were fully reported to our Board at the time, and in each case, as well as in two others, inquests were held. Otherwise it can be stated that all the 110 male and 74 female deaths were from natural causes. Among these tuberculosis is the only one that calls for notice. It was returned as the primary cause of death in 23 male and 16 female cases, that is in 21 per cent. of the total deaths. There were 2 other cases in which it was entered as a secondary cause, and a perusal of the autopsy notes indicates that it was present in some degree of activity in a few other cases; moreover, in assessing its incidence and in connection with the well recognized difficulty in its diagnosis, it is not unfair to point out that post mortem examination was made in only 53 per cent. of the deaths.

We are particularly glad to know that the Committee have under consideration the appointment of an additional medical officer, a step which, in relation to the number of patients in residence and to the large annual number of admissions (about 330), we consider urgently necessary. In this connection we desire to make a strong plea for the equipment of the laboratory and for a determined effort to secure a medical officer fully competent to undertake this important branch of work.

Essex and Colchester Mental Hospitals.—1. Brentwood.

July 29th, 1926.

At the commencement of our visit to this institution yesterday we found in residence and under care 1,693 patients, of whom 697 were men and 996 women. In addition to this number, 15 women and 11 men were out on trial, thereby raising the number of patients on the books to 1,719. Of the total number on the books 300 are Out-county cases, 259 being East Ham patients received under contract, and 79 and 8 respectively are in the " Service " and " ex-Service " classes. The maintenance rates vary from 23*s.* 4*d.* to 29*s.* 4*d.* per head per week.

To the best of our belief we have seen all patients and given all who desired it an opportunity of talking to us. With the exception of some statements which were obviously due to mental disorder, we received no complaints of any sort, though we of course had a number of applications for discharge from persons quite unfitted, at present, for freedom. We gave several private and semi-private interviews without finding any cause for action in regard to any one of them.

We found the patients on the whole very contented and orderly. They were clean and properly clothed and their general health was good. It seemed evident to us that due care is exercised in their classification, so far as the character of the buildings permit, and that the sick and ailing were receiving adequate medical and nursing care. Acute sickness was conspicuous by its absence, and the majority of the 19 persons on the tuberculosis list were cases of incipient or latent disease. We were especially pleased with the admission wards on both sides and particularly with the excellent verandah accommodation on the female side. The conditions under which patients were being treated in this ward appeared to us to be ideal.

The deaths since the last visit, 72 in number, were all due to natural causes except that one case, a death from disease of the circulation, was accelerated by an accidental fall. The only comment in regard to causes of death is the very satisfactorily small proportion resulting from tuberculosis. Three inquests were held.

The 5 serious but non-fatal casualties , all fractures or dislocations of bones, were due in 4 cases to accident and in one to malignant disease.

We found the structure well maintained and the wards and dormitories in good decoration and repair. The day rooms were in our opinion well furnished and provided with all that was necessary for the welfare of the patients; they struck us indeed as being comfortable and very homely in character.

Amongst the alterations and improvements that have been carried out during the period under review are the completion of 3 new verandahs, now in occupation, the provision of a new general bath room on the female side, with dressing and undressing rooms, and nicely screened baths with up-to-date equipment, and the reconstruction of some outside lavatories. A considerable amount of internal and external decoration and painting has also been completed. The works now in progress include a medical superintendent's house, a verandah and sanitary annexe to D block, some alterations to the byres and cowsheds, and the resurfacing of main roads. We understand that work for the repair of some doors and steps of corridors throughout the institution is in contemplation.

We are sorry that it has not been found possible before this to replace gas by electricity as a means of illumination. There are very few mental hospitals that are now lighted by the former method, and some even of these are now making every effort to secure the substitution. Electric lighting is so much more healthy, being free from the atmospheric pollution we were conscious of during our present visit, doubtless due to old and leaky pipes or to the accidental extinction of by-pass burners; moreover, electric lighting is safer, provides better illumination, facilitates administration by its convenience, and after the first cost of installation, is more economical in all matters relating to cleanliness and decoration. An electric installation also provides useful power for therapeutic, culinary and other purposes.

The subordinate staff now consists of 87 males and 121 female nurses for day and 16 of the former and 32 of the latter for night duty. In addition 8 male officers are appointed for outside work in the farm and gardens. Thirty-nine male nurses and 26 females are certificated or registered as mental nurses, and 26 of the former and 45 of the latter have passed the preliminary examination for qualification, a very satisfactory record.

A sister tutor has been appointed for general teaching, supervision over infirmary wards, and care of the operating theatre. This lady is doubly trained. We were interested in the new weaving and industrial room, where we found a number of patients, otherwise unemployable, working under the charge of a lady industrial trainer; this appeared to us to be an admirable experiment and one that reflects credit on its organizers.

We were glad to hear that less difficulty is now being encountered in engaging suitable persons as female nurses, and although the female staff is not quite up to strength it is very nearly so. In spite of the fact that the nurses' accommodation throughout the building is fairly good and that there are facilities for recreation, we cannot but feel that the service would be rendered more attractive and the comfort of nurses enhanced if they could live and sleep during off duty times away from their patients and work. The only way to do this is by the provision of a well designed and equipped nurses' home, which would have the additional advantage of releasing badly needed accommodation for patients in the main building.

Dr. Masefield has as his deputy Dr. Slater, and three other assistant medical officers, Drs. Power, Pearce and Sinclair. In the absence at

present of Dr. Power on leave, Dr. Rosenfield is acting in a temporary capacity. Although these officers are doing the best they can in existing circumstances, we think their number is insufficient to secure the proper conduct of routine work and at the same time provide opportunity for the study and exercise of modern methods in the treatment of mental disease. No laboratory work is being done, partly because the laboratory is not properly equipped, and partly because, if it were, the medical staff is insufficiently strong to add this work to their existing multifarious duties. No attempt is being made, for the same reason, to explore the therapeutic value of vaccine treatment or hydro-therapy, and, owing also to the absence of electricity, X-rays, as an aid to clinical examination, cannot be resorted to, nor can patients have the benefit of treatment by radiant heat or ultra-violet rays. In our opinion all these advantages should be available in an important hospital of this size. Meanwhile, failing a supply of electricity, we venture to press for the appointment of at least one additional medical officer who should have an intimate knowledge of pathological work, in order that, with an equipped laboratory provided with a trained laboratory assistant for routine work, some of the more urgent of these matters could be taken in hand without delay.

Essex and Colchester Mental Hospitals.—2. Severalls, Colchester.

March 6th, 1926.

As the result of changes which have occurred at this hospital since the last visit of members of our Board we found to-day on the statutory books the names of 1,666 patients, 711 of whom are men and 955 women. Of this total 7 of each sex were out on trial, thus reducing the number actually in residence to 1,652. Private patients numbered 153, including 63 in the " Service " and " ex-Service " classes, and Out-county patients numbered 247. Discharges during the period under review numbered 124, 78 having been released on recovery. No less than 122 patients were allowed out on trial to test their fitness for discharge, money allowances being granted in 49 cases. Three patients are allowed on parole beyond the estate and 226 within but not beyond. The total accommodation estimated in a return made to our Board in January last shews beds for 711 males and 988 females, on which basis there are at the present moment 7 vacancies for the former and 40 for the latter sex. The maintenance rate for home patients is 23*s.* 4*d.*, with an average for those in the private class of 49*s.* 1*d.*

During our visit yesterday and to-day we have seen all the patients now in residence, granting to many semi-private and to two private interviews on request, and allowing all who desired it an opportunity for conversation. Except on the score of detention we received no complaints, the patients in general being contented and very orderly in behaviour. The general health of the patients appeared to be very good, there being practically no acute sickness, and, with the exception of one patient still regarded as convalescent after an attack of enteric fever, no infectious disease. There was no case of dysentery under treatment and the institution has been free from this disease since June, 1924. Persons suffering from tuberculosis were 16 in number, 3 being men and 13 women, and full use was being made of the facilities afforded by the hospital for treatment in the open air. All patients under treatment in bed were receiving adequate nursing care and attention, the majority being cases of debility, chronic disease associated with mental disorder, or under special nursing care for excitement.

The dietary appears to be well balanced and generally sufficient, and the dinner we saw yesterday in some of the wards was well served, good in quality and sufficient in quantity. The kitchen arrangements are all that can be desired in equipment and management. This department, staffed as it is with men, continues to work satisfactorily. We had some conver-

sation with the medical superintendent regarding the desirability of the provision of a small quantity of butter weekly, and suggested to him a scheme which we think will secure for the patients the full dietetic value of the milk without materially increasing the quantity supplied. We are glad to see that the poultry farm is developing and that the weekly egg supply is proving a valuable addition to the patients' dietary.

The deaths since the last visit, 83 in number, were with 3 exceptions due to natural causes, 15 resulting from pneumonia, 12 from senile decay, 6 from tuberculosis and 5 from general paralysis. In two of the three exceptions death resulted from accident and in one from suicide, the circumstances of which were duly reported to our Board at the time of the occurrence. Post mortem examinations were held in 85 per cent. of the deaths. All the 14 serious but non-fatal casualties with one exception, a case of attempted suicide, were in the nature of fractures of bones accidentally sustained.

We found the institution throughout well maintained in all respects, and we cannot speak too highly of the condition in which we found the premises. The accommodation for the patients was warm, comfortable, bright in appearance and suitably provided with facilities for interest and amusement. In all respects we thought that this institution compares well with any other in the country.

We wish particularly to mention the admirable arrangements made for the comfort and care of the female private patients.

Some useful alterations and improvements have been made and others are now in progress; we understand also that plans are now before our Board for a nurses' home and nurses' infirmary block. The nursing staff now consists of 104 male and 128 female nurses for day duty and 16 of the former and 20 of the latter for night duty. The matron, Miss Cuthbert, and Miss Nixon, who holds the combined post of assistant matron and sister tutor, are both qualified in general hospital and mental training. Eighty-seven nurses are certificated or registered as mental nurses, and 45 have passed the preliminary examination for qualification. In both cases these are almost equally divided as to sex.

Dr. Turnbull has now the assistance of 5 medical colleagues, Dr. Grimbly, Colonel Kiddle, C.M.G., Drs. Marjorie Sanders (now away on leave), A. G. Duncan and Margaret Brown, the last of whom is here in a temporary capacity.

We were impressed by the keenness of the medical staff as a whole, with their individual knowledge of the cases under their immediate control and with the excellence of their team work generally. This is, to our mind, especially evidenced by their anxiety to explore all possible fields of enquiry that may lead to improvement in the methods of treatment and their full use of the opportunities provided for pathological research. Their efforts in the direction of the treatment of general paralysis by induced malaria are commendable. We thought that some increase in the laboratory accommodation is necessary to enable the possibilities of this department being developed to full advantage.

We desire, in conclusion, to congratulate the Committee upon the progressive spirit that is obvious in their institution, and upon the highly satisfactory state in which, under the guidance of their medical superintendent, it is maintained.

Glamorgan Mental Hospital.

October 18th, 1926.

The conditions which prevail in Angelton and Parc Gwyllt vary to a considerable extent both in the character of the buildings and the type of patient. The wards at Parc Gwyllt do not lend themselves so easily to homely and comfortable conditions as at Angelton; the patients there are

more degraded and demented than at Angelton, and of necessity are not so responsive to ameliorating surroundings and environment. Experience, however, undoubtedly shows that bright and cheerful conditions do react favourably even upon patients of low mental type, and we are glad therefore to note that the redecoration of the wards at Parc Gwyllt is being seriously taken in hand. The accommodation at Angelton compares most favourably with that at the other branch of this hospital, but we are satisfied that at both places the patients are well cared for and supervised. We had no complaints except the accustomed appeals for discharge, none of which were in our opinion well founded.

The wards are in good order and the beds properly kept. We note with approval that a dentist now visits the hospital every week, and we understand that it is in view to make some alterations at Parc Gwyllt, which will in due course be submitted to our Board, for the purpose of providing a properly equipped dental room.

The plans for a new admission hospital are now under consideration, and we trust that when they have been approved there will be no delay in proceeding with its erection.

Some matters referred to in the last report have received attention—the arrangements in connection with the foul laundry are now satisfactory, some nail brushes have been supplied upon the male side and toilet paper is now available in all the sanitary spurs.

We think more pianos should be provided at Parc Gwyllt, that greater privacy should be given in the women's bathrooms by the provision of more curtains, and that a further supply of men's overcoats is required in some of Angelton wards, and would refer especially to wards 5 and 8, where, for 131 and 149 patients respectively, there are but 30 and 40 overcoats.

We were pleased to see the large number of books and bound periodicals of convenient size which are freely scattered throughout the wards for the use of the patients, and we are also pleased to note the encouragement which is given to friendly rivalry, in the playing of football, between patient teams from the two branches of the hospital. Great interest was taken on Saturday in a match between Angelton and Parc Gwyllt, at which many of the patients from both places were present, and where for a time we were amongst the spectators.

There are 3 patients at Glan Rhyd (capable of accommodating 9 patients)where convalescents go prior to discharge, and here the principle of the open door is in practice, but in no other ward of the hospital is the open door system in use. We regret this. We hope it will be extended, and would draw attention to the views of our Board in this matter as set forth in the Annual Report for last year.

It is very satisfactory to know that no margarine is now given to the patients, butter being supplied in all instances other than for cooking, but there is still some room for improvement in the dietary so as to relieve the monotony of the meals, upon the lines set forth in the report of the Departmental Committee.

Since December 11th, 1925, there have been 322 admissions, and as a result of the changes which have taken place there are on the books 1,893 patients—males 1,059, women 834, of whom 136 are private—102 being classed as " Service " patients. Six patients are on trial, and we understand we have seen the 1,887 patients in residence—males 1,055, females 832.

There is, according to the returns supplied to us, overcrowding on the male side to the number of 139 and on the female of 88, a serious position which is very noticeable in going through some of the wards.

The Out-county patients number 119, of whom 117 are received under contract from Swansea Boro', and the question of how far it may be

necessary to terminate this position when the time arises must receive consideration in view of the above stated facts.

We note with approval that the number of those on trial to whom money allowances have been made has been slightly increased.

Parole is allowed to 9 male patients beyond the estate and to 85 within the grounds, but to no women is this privilege granted. We hope this will be considered, and so far as it is found possible amended in the case of trusted and reliable patients.

The maintenance rate for home patients is 23*s*. 11*d*. and for private patients from 23*s*. 11*d*. to 40*s*. 10*d*.

The staff consists of—

Charge male nurses -	15	Charge female nurses	12
Ordinary - - -	125	Ordinary - - -	97

for day and 14 of each for night duty.

Seven female nurses are employed on the male side.

There are 89 male and 25 female nurses who are certificated or registered as mental nurses, and 31 of the former class and 24 of the latter have passed the preliminary examination.

We were glad to hear that there have been only 7 cases of dysentery, 2 males and 5 females, during the period under review, but there are also records of 35 cases of diarrhœa, all but two of which were slight in character. We believe that care is taken to record even the slightest case of diarrhœa, which is all to the good, but we regret that so far the diagnosis of dysentery has not been confirmed or excluded by fæcal examinations in the laboratory. Small laboratories exist at both Angelton and Parc Gwyllt, and we understand that at least one of the medical staff is competent to carry out this and other investigations. We would press strongly, therefore, that the laboratories should be brought into full use, and we would urge the Committee to appoint a technical assistant to work these under the medical staff. It should be remembered that during the year 1925 the new cases of dysentery notified were at the rate of 31·3 per 1,000 population as compared with 11·8 per 1,000 for all mental hospitals.

Unfortunately, tuberculosis continues to be prevalent, and there are now 34 patients known to be suffering from the disease in active form. During the time at our disposal it was impossible to enquire thoroughly into the incidence and possible causes, but we have requested Dr. Finlay to institute a full enquiry into all the circumstances of the cases, and have suggested that the advice of the local tuberculosis officer might be sought with advantage. Practically all these cases are nursed at Parc Gwyllt in the infirmary ward on the female and in two wards, one of which is an infirmary, on the male side. We hope every effort will be made to segregate these cases from others, preferably in a separate building or ward.

The notification of new cases of tuberculosis during 1925 was 17·6 per 1,000 population, as compared with 2·4 per 1,000 in all mental hospitals.

All the deaths, with one exception, were due to natural causes, general paralysis accounting for 21 of the 79 male deaths and 2 of the 60 female deaths. We saw a large number of patients suffering from this disease, and we much regret that attempts have not been made to give some of them what appears to be their only chance of recovery by treating them by induced malaria. We would suggest that the question of introducing this treatment should receive very careful consideration.

The excepted death was due to hemorrhage following a fractured skull which was sustained before admission. Inquests were held concerning this and 3 other patients.

Dr. Finlay has the assistance of Dr. McGregor, the deputy superintendent, and four other medical officers.

Gloucester Mental Hospitals.

October 14th, 1926.

At their visit in December, 1925, our colleagues commented at some length and in considerable detail upon certain features in connection with the administration and management of this hospital, which, in their opinion, required the consideration and immediate attention of the Committee. Since then correspondence has taken place with the Board upon these matters, and we understand that a conference is to be held at the Board's office on the 27th of this month between the Board and the Chairman and other members of the Committee, when the various questions raised in the report will be fully discussed and considered. Under these circumstances we need not deal with them in this report.

Without, however, encroaching upon the subject matters which the conference will have before them, there are one or two minor criticisms to which we would draw attention, and which can, in our opinion, be easily dealt with.

The use of tooth brushes is practically unknown in either branch of the hospital, patients do not appear to be encouraged to use them, and there is no general issue of any such article even to those patients who are capable of appreciating them.

Note paper is not issued to the charge nurses of the wards for the patients' use.

The clothing of the patients, though good, is not on the women's side as varied in colour and materials as we should like to see it, with a view to doing away as far as possible with the institutional style of dress.

There is no water laid on to the basin at the kitchen w.c., nor does it appear to have been in use for some time.

There is a considerable shortage of overcoats in not a few of the male wards, and there is still a great lack of screens in the women's bathing rooms.

We noticed, too, that out of 330 female patients at Wotton but 8 were employed in the laundry, and out of 389 at Barnwood only 13 are similarly employed. We cannot but think that many more might be occupied in this department to the advantage of the patients and the institution.

The receiving room at the mortuary has not as yet been improved, but we are glad to learn from Dr. Marnan that this will soon be taken in hand.

The Committee might also, we think, give careful consideration to the report of the Departmental Committee on dietary with a view to giving still further relief to what in some respects is still a somewhat monotonous diet.

We are glad to note that some of the imbecile boys have been removed to Stoke Park Mental Defective Institution, and that the number of books for use in the wards has been increased. The provision now appears to be good.

We have, we understand, seen all the patients in residence, and have no doubt from our own observation and from what we heard in the course of conversation with many of them, that they are well treated and are on the whole as contented and happy as their circumstances allow.

The wards and dormitories are in good order, and the beds are properly kept.

Since December, 1925, there have been 194 admissions, 20 have been transferred to other care, 89 have been discharged, of whom 59 had recovered. Seven patients have been dealt with under S. 25 of the Lunacy Act, 15 under S. 79, and 88 have been allowed on trial, to 26 of whom grants have been made under the Adelaide Charity.

The deaths number 88.

There are on the books 1,202 patients—males 480, females 722, of whom 70, including 40 " Service " patients, are classed as private.

There are 9 Out-county patients.

Those on trial are 6 in number, leaving 1,196—males 477, females 719, in residence.

No parole either beyond or within the estate is granted, but, for the reasons already given, we make no comment upon this unusual position.

According to the figures supplied to us there is overcrowding on the male side to the extent of 25, and on the women's side of 5.

This question, it is clear, requires further careful consideration in view of the late re-measurement of the wards, rooms and corridors, and the conditions which we found prevailing in some of the wards.

The maintenance rate for home patients is 22*s*. 9*d*. per head per week and for private patients 26*s*. to 33*s*.

There has been no mechanical restraint.

The staff consists of—

Charge male nurses -	13	Charge female nurses -	13
Second male nurses -	12	Second female nurses -	26
Ordinary male nurses	50	Ordinary female nurses	63

for day and 10 and 11 respectively for night duty.

Only 7 male and 1 female nurse are certificated or registered as mental nurses—surely this can be improved.

The preliminary examination has been passed by 14 male and 8 female nurses.

During the present year there have been 7 further cases of enteric fever, 3 males and 3 females at Wotton and 1 female at Barnwood. In consequence of the continued notification of this disease one of our colleagues made a special visit to the hospital in February last to investigate the cause and to discuss with Dr. Marnan the measures which should be adopted to prevent risk of the infection spreading from patient to patient.

He was not satisfied that full precautions had been taken, and made various suggestions for the future, giving his opinion that unless these were carried out there was no chance of the institution ever being free from this disease.

We understand that these suggestions have to a large extent been carried out, but we would again urge the necessity for the utmost care being taken to prevent risk of the infection spreading. Apart from this and from 20 cases of influenza among the female patients, the health of the institution has been good.

The patients confined to bed number 85 females and 21 males, and these are being nursed, whether for mental reasons or on account of sickness, in 16 of the 25 wards.

The patients known to be suffering from tuberculosis are 8 women and 3 men.

The 88 deaths were all due to natural causes and call for no special mention, but we should like to see the cause of death verified by post mortem examination in future in a larger number of cases than is now done; only 24 such examinations have been held.

The death rate for 1925 was 8·7 per cent., that for men being 9·5 per cent. and that for women 8·3 per cent.

Dr. Marnan has the assistances of Dr. Smith, the deputy superintendent, who is also in charge at Barnwood, Dr. Conway, Dr. Synott and Dr. Perk.

Hants Mental Hospitals.—1. *Knowle, Fareham.*

February 10th, 1926.

This, in the main an old building, designed when views other than modern prevailed as to the care and supervision of those suffering from mental illness, promises ere long to afford means for therapeutic and ameliorating measures in regard to patients based upon the most en-

lightened lines. It is gratifying to note the spirit which prevails throughout the hospital and its administration, and to realize that the Committee have been and are in real sympathy with the energy and zeal of the superintendent in these matters.

The redecoration and suitable renovation of the wards is gradually overtaking the disrepair into which some parts of the building had fallen, a commencement has been made in the division of the male and female infirmary wards, with the addition of two more verandahs, for the better classification of new admissions, rooms are in process of being adapted for an installation of X-ray apparatus and of means for treatment by violet rays, and the old farm building has been converted and is in active use for the accommodation and treatment by induced malaria of patients suffering from general paralysis.

A new bakehouse has been constructed, a Hobart mixer has been added to the kitchen equipment, plans are now under consideration for the reconstruction of the laundry, which it is proposed to fit with additional and up-to-date machinery, and the best means of making provision for the heating plates in the wards is receiving attention.

To the industries and the endeavour to induce as large a number of patients as possible to take part in them, particular attention is being given, and we might mention that basket and chair work has been added to the list of occupations, the practical results of which we saw in the many comfortable chairs which are now forming part of the ward furniture.

Games and the amusement of the inmates are not forgotten, a billiard table has been supplied to one of the male wards, and tennis and badminton are played by such as are capable of doing so.

The dresses of the women, both as to material and style, are well considered, and we may mention that 18 per cent. of the female patients wear in whole or in part their own clothes.

Since the hospital was last visited a new matron and assistant matron, both doubly qualified, have been appointed, a whole time (lady) dispenser has been added to the staff, and we hope that a doubly qualified night sister may before long be also on the staff of the hospital.

The foregoing all point, in our opinion, to confirm what we have already said as to the progressive spirit which holds sway in the management of this hospital.

Since April 28th, 1925, there have been 121 admissions, 26 patients have been discharged, 19 on recovery, 4 have been dealt with under S. 79 of the Lunacy Act, and 19 have been allowed out on trial, to 5 of whom money allowances have been made. No doubt the question of giving aid to patients at such a critical period is carefully considered by the Committee, and we hope it is always granted where it may be helpful though perhaps not absolutely necessary.

The numbers on the books are males 464, females 556, a total of 1,020, of whom 29 are " Service " patients.

There are but 2 Out-county patients.

One patient is on trial, leaving in residence 1,019, males 464, females 555, and these we understand we have seen and found them without complaint and in receipt of due care and attention.

Their diet is good and varied, whole milk is supplied, the product of the hospital farm.

Twenty-nine male patients have full parole beyond the estate, 57 have freedom of the grounds, and there are open doors and club wards.

There are vacancies for 32 men and 17 women.

The weekly maintenance rate for home patients is 19*s.* 10*d.*

The staff consists of—

Charge male nurses -	11	Charge female nurses -	10
Ordinary male nurses	68	Ordinary female nurses	60

for day and 13 of each for night duty.

No women are employed on the male side.

The number of certificated or registered male and female nurses is 28 and 7 respectively, and 14 of the former and 23 of the latter have passed the preliminary examination.

Including 7 children (2 boys and 5 girls), we saw 67 male and 104 female patients in bed, i.e., 16·7 per cent. of the total patients in residence. They were being treated under excellent conditions; those in charge, both doctors and nurses, had a first-rate knowledge of the conditions for which in each of those cases bed treatment is deemed desirable. Only one was the subject of a bed sore. We are glad to know that some more bed tables are likely to be provided shortly.

Of those in bed some 33 were senile cases, about a dozen, mostly women, were in bed as being recent cases, and some 45 were there for the treatment of acute phases in long standing mental illness; as to the latter we satisfied ourselves that due care is taken not to use this form of treatment —with which we are in full sympathy—for too long periods.

The existing two verandahs provide between them for only 14 beds. The fact that they are in full use emphasises the wisdom of the extensions to these facilities mentioned above as in progress; and in this connection we discussed some difficulties presented by the steep slope of the ground to the south of the male ward B.

We noticed with warm approval the work carried out in the laboratory by Dr. Wilson, the deputy superintendent. We feel, however, that much of his time—and in the long run of that of other members of the medical staff—would be saved were the services of a well trained laboratory assistant available; this need will be felt still further when the malarial treatment of general paralysis is in more active progress.

The death rate during 1925 was satisfactorily low, 6·6 per cent. (7·6 per cent. males and 5·7 per cent. females).

Among the deaths was the case of a woman who, with suicidal intent, precipitated herself from a ladder under circumstances fully reported to our Board at the time. Apart from this case—which, as well as two others, were the subject of an inquest—all the 29 male and 27 female deaths were from natural causes, verified in 60 per cent. by post mortem examination. Two of each sex (7·17) were due to tuberculosis, of which the known number of cases is at present 2 men and 4 women. The only other evidence of infective disorder has been two cases of enteric fever, of which one is still under treatment, and there are 7 " carriers " who were carefully segregated.

Hants Mental Hospitals.—2. Park Prewett.

November 23rd, 1926.

The history of this hospital is a comparatively short one, but we are well pleased with the progress which has been made in its general administration.

The tone of the institution is good, the wards are comfortably furnished and cheerful in appearance, the patients are suitably clothed and are generally contented with their treatment and surroundings, whilst their classification has evidently been well considered with a view to their well being. Our visit has satisfied us that in his administration of this hospital Dr. Bowes is imbued with a desire to do all that is possible for the best interest of the patients in accordance with modern views. Arrangements are now in operation, in connection with Knowle Mental Hospital, for the treatment of general paralysis by induced malaria, a room for bacteriological work is in course of being equipped and will, we hope, be soon in full use, an operating theatre will ere long be available, and we are glad to learn that a visiting surgeon has been added to the staff.

Rooksdown, the block for private patients, has been opened, and a small number of both sexes are in residence. The accommodation afforded is

pleasing, and is of such a character that it should prove of value for the care and treatment of private patients where the means available are moderate.

Some useful additions have been made to the laundry, but we have pointed out how advisable it is that full use should be made of the tank with live steam for the disinfection of foul and infected linen. A Hobart machine is installed in the kitchen. The house for the senior medical officer is now occupied, the new farm buildings have been completed and the erection of a nurses' home is under active consideration.

Our criticisms it may be gathered are few.

We should like to see a much larger number of books and cheaply bound illustrated papers in all the wards and of easy access to the patients. General literature is, we know, not made much use of by the demented and more degraded inmates, but we do also know from experience that picture papers do amuse and give an interest to such patients.

We should like to see hedges planted on the dividing lines between the ward gardens and, indeed, would strongly urge that some expert should be taken into consultation with a view to having these grounds suitably planted and tastefully laid out. Such a scheme, if properly carried out, would add greatly to the general appearance and surroundings of the hospital.

Since November 20th, 1925, there have been 355 admissions, 116 have been discharged—75 on recovery, 32 have been dealt with under S. 79 of the Lunacy Act, 16 have been allowed on trial, and 86 have died. There are on the books 1,244 patients, males 560, females 684, of whom 83 are private patients, including 39 classed as "Service," and the Out-county patients number 214. Two are on trial, leaving in residence (and, we have every reason to believe, seen by us) 1,242 patients, males 559, females 683.

Two patients have full parole, whilst as many as 72 men and 34 women have a more limited freedom within the estate; open door wards to the grounds and club wards are also a feature of the administration.

Omitting Rooksdown, the private patients' block, allowing for the male admission hospital being at present used for women and for the use of a male villa by nurses, the number of vacancies for males is 12, and on the women's side there are 27.

The maintenance rate for home patients is 19*s.* 10*d.* per week and for private patients from 35*s.* to 63*s.*

There has been no mechanical restraint.

The staff consists of—

Charge male nurses -	11	Charge female nurses -	15
Ordinary male nurses	67	Ordinary female nurses	50

for day and 12 and 17 respectively for night duty.

One female nurse is employed on the male side.

The male nurses certificated or registered as mental nurses are 24 in number and the female nurses 15. The preliminary examination has been passed by 25 male and 20 female nurses.

The diet, which is substantially based on the report of the Dietary Departmental Committee, appeared to us to be good and varied.

The death rate for 1925 was 6·4 per cent.—7·6 and 5·5 being the percentages on the male and female sides. They are satisfactorily low. The deaths include one case due to fracture of the thigh accidentally sustained. In it and in one other case inquests were held. Apart from the former of these two cases, the 42 male and 44 female deaths were due to natural causes. The proportion (26 per cent.) in which these were verified by post mortem examination is very low and should be capable of being much increased.

From the figures before us, the incidence from tuberculosis continues to be small—three male and one female case among the deaths, and among

those now resident one case on the male side and two of the so-called surgical variety on the women's side.

With respect to other infective disorders there have been 11 cases of erysipelas, one of which remains under treatment, 12 cases believed to be dysentery, with which should be mentioned 8 cases (including one member of the staff) of severe diarrhœa; all these have been on the female side, and with the exception of two, last year, have all occurred since last September. Specimens have been sent away to be reported upon, but it is much to be hoped that, when the laboratory is brought into use here, the incidence of these intestinal affections will be carefully studied with a view to their prevention.

In addition to the case already mentioned there have been 3 cases of fracture and one of dislocation; none calls for special mention.

We found 29 men and 142 women in bed—that is 5 per cent. of the total men and 20 per cent. of the total women in residence. There have been very few admissions of late, and only 2 men, in contrast with 22 women, were in bed as recent cases; but after making allowance for this difference, the contrast between the proportion in bed, as to sex, is very great. There were 54 women in bed for the treatment, we gathered, of more or less acute mental symptoms; some of them obviously answered to this description, and it is a mode of treatment with which our Board is in sympathy, but there were some who had been there in bed for many months and we hope that careful consideration is given to the necessity of this form of treatment in each case.

Commendably full use is made of the verandahs. In this connection we should like to see an increase in the number of available hot water bottles.

Dr. Bowes has the assistance of Dr. Percy Dykes, deputy medical superintendent, Dr. Hugh McManus, Dr. Annie Thompson and a medical officer whose position is temporary.

Hereford County and City Mental Hospital.

June 22nd, 1926.

Since my colleague's visit in September of last year the following changes have taken place among the patients in this institution:—

	Males.	Females.	Total.
Admitted - - - - -	28	25	53
Transferred to other care - -	2	5	7
Discharged - - - -	9	17	26
of whom had recovered - -	5	11	16
Allowed out on trial - - -	3	10	13
of whom granted allowances -	2	5	7
Died - - - - - - -	8	8	16

There are now on the statutory books the names of 507 patients in the proportion of 205 men to 302 women. Of these 28 men and 8 women are classified as private patients, 17 of the former being of the "Service" or "ex-Service" class. No special separate accommodation is provided for the private patients, and they are distributed according to their mental state and behaviour among the other patients.

Out-county patients number one man and 21 women, 20 of the latter being received under contract from Middlesex.

One woman is out on trial, so the number in residence is 506—205 men and 301 women. The accommodation returns show vacancies by day for as many as 83 patients on the male side and for 28 on the female, and by night for 18 and 11 respectively.

One ward, No. 5, on the male side is closed, and there is also some accommodation in the male attendants' block which would be utilized if

necessary. At present the accommodation question here is not pressing. The average number of patients resident during last year was 199 on the male and 292 on the female side.

The weekly maintenance charge per head is for the home patients 19*s.* 6½*d.* and for those of the private class 25*s.* 1*d.* The average weekly cost as last ascertained was 20*s.* 1½*d.*

I found the patients of both sexes being properly cared for and skilfully nursed where necessary. Two of the wards on the male side are staffed by women nurses. Full use is made of the verandahs, one on each side, the tuberculous cases, 2 men and 3 women, occupying them.

The general health of the institution is now good. Of the 16 men and 32 women who were in bed during my visit the majority were there on account of their mental state or extreme old age.

During the month of March last there was an outbreak of influenza, when 10 male and 7 female patients and 5 women nurses were attacked. This has been the only instance of any epidemic or zymotic disease since the last visit.

The death rate for the year ended December 31st last was very low, being 6·5 for males and 3·1 per cent. for females, or 4·5 per cent. for both sexes together.

All the 16 deaths which have occurred during the period since my colleague's visit were from natural causes, verified in 9 instances by post mortem examination. The chief causes of death were senile decay in 6 instances, heart disease in 4, and cancer in 3. No inquest was held.

Serious casualties numbered 4, but none of them call for comment.

Generally the patients were very quiet and well behaved, and free from complaints as to their treatment apart from the usual number of appeals for discharge.

They were tidily and suitably clothed, and several were wearing their own clothing.

One ward on the male side and two on the female side are administered on the open door principle. No parole is granted beyond the estate, but 24 men and 11 women have parole within the grounds.

No mechanical restraint has been employed, but 11 men and 26 women have been secluded for a total of 494 and 831 hours respectively.

The institution buildings are maintained in very good order. The ridges of some of the roofs have been repaired and covered with lead roll in place of slates, and some are in process of being similarly dealt with. Outside painting is in progress as well as some internal redecoration.

The chamber for the cinema installation has been completed, and a weekly exhibition was given from October to March.

Two additional cottages are being built for the staff.

As suggested by my colleague, a clinical room is being provided in the female admission ward, and the question of the provision of baths for continuous bathing is receiving attention. I regret that the suggested arrangements with the Hereford General Hospital, whereby the services of Dr. Grimmond Smith and his colleagues might be available for seeing mental cases as out-patients at the General Hospital, have not materialized.

The present nursing staff consists of—

	Males.	Females.	Total.
Charge - - - - -	4	10	14
Ordinary - - - - -	19	34	53
Night - - - - - -	4	8	12
Certificated or registered - -	5	5	10
Passed preliminary examination	9	14	23

Dr. Grimmond Smith has the services of the same two medical officers, Drs. D. M. Cox and J. Reid.

Herts Mental Hospital.

July 30th, 1926.

Since the visit of our colleague in November of last year some alterations and improvements have been carried out, amongst them the electric lighting of 9 single rooms, and we were glad to see that work in connection with the lighting of the remainder is now in progress. A new Hoffman press has been installed in the laundry, letter boxes have been placed in all wards, the farm has been supplied with a wireless set, and other minor additions have been made for the comfort and enjoyment of the patients. Cottages for the male staff, 15 in number, are now in course of erection, and some outside painting is being done on the female side.

The wards and dormitories were in excellent order, very well supplied with books and plants, and the bedding in the latter was in a satisfactory state. In the sanitary annexes we noticed that there were no nail brushes, and we think that a good supply of these should be in each lavatory. We further think that there was a very insufficient supply of hair brushes and combs, and we should like to see every patient who can appreciate it supplied with a brush and comb of his own. The ward gardens were nicely kept and sufficiently large in area, but we thought that the collection of so many men in one garden whilst another remained unused was undesirable as likely to lead to noise and disturbance. During our visit to the laundry we found the ironing room unbearably hot, and we think that the top lights should be made to open or that the room should be fitted with an electric fan.

The patients to-day under care numbered 934, 372 being of the male and 562 of the female sex. As no patients were absent on leave these figures also represented the total number of names on the statutory books. It would appear that according to the return of estimated accommodation made to our Board, there are vacancies for 2 males and overcrowding to the extent of 37 on the female side, a rather serious position in view of the somewhat large admission rate and steadily increasing population. The number of cases remaining on the register on the last day of each year 1921 to 1925 has been respectively 815, 841, 872, 897 and 904, and to-day, as above stated, 934. It therefore becomes necessary for the Committee to consider carefully their position with regard to providing accommodation in the immediate future. When doing this we venture to suggest that they should not overlook the desirability of providing an admission block on modern lines for the treatment of new cases as part of their scheme. We do not regard the treatment of new cases in wards containing chronic patients as being either suitable or satisfactory.

To the best of our belief we saw all the patients in residence, and found them, except in the ward garden already referred to, quiet in behaviour, properly clothed and presenting an appearance of being generally well cared for. We talked with a large number of them and gave several semi-private interviews at the request of some of them, and though we received many applications for discharge from patients quite unfitted for it at present, we received no complaints as to treatment.

We are sorry to find that this hospital has not kept pace with others of its size and importance in the matter of dietary improvements; there is still great lack of variety, the breakfasts consist of porridge and bread and margarine, the teas, except two days a week, of bread and margarine only, with a beverage of course in both cases, and no second course of pudding at dinner appears to be given at all; this is the more regrettable seeing that the kitchen equipment is good enough to provide a much better and more varied dietary.

There was very little acute sickness, and with the exception of one case of enteric fever, no disease of an infectious type. The number of cases suffering from tuberculosis was 7, who were under treatment in verandahs. The sick in bed appeared to be receiving adequate medicine and nursing

care and attention. We thought, however, the sick wards should be provided with glass-topped hospital dressing trolleys for the convenience of nurses, and that a sufficient supply of bed tables would materially add to the comfort of the patients. Compared with other institutions, we thought the number of patients in bed was unduly high, and although we were told that many of them would get up in the afternoon we thought that a fair proportion would have been better up and out in the verandahs or gardens.

The deaths since last visit numbered 46, 37 of whom were subjected to post mortem examination. Although 4 cases, owing to peculiar circumstances, were subjects of inquests, all were in fact due to natural causes, no special comment being called for in regard to any one of them.

Seven casualties were reported during the period under review, all being in the nature of fractures of bones accidentally sustained.

The nursing staff now consists of 62 male and 93 female nurses for day and 4 of the former and 8 of the latter for night duty. Sixteen male nurses and 22 female are certificated or registered as mental nurses, and 18 of the former and 17 of the latter have passed the preliminary examination for qualification.

We think that great advantage would accrue to the female nursing staff and the supply of suitable applicants increased if accommodation were provided in order to enable its members to live and sleep away from their patients and their work. Nothing short of a well designed and equipped nurses' home, which is now so generally recognised as a necessity, will effect this purpose, and we hope that the matter will receive due consideration.

Dr. Kimber, who was unfortunately on leave at the time of our visit, has to assist him Dr. Madill and Dr. Roberts as permanent assistant medical officers, with Dr. Footerman acting in a temporary capacity.

It appears to us that the size of the institution justifies the appointment of a third permanent medical officer, especially as it is desirable that a pathological laboratory should be available on the premises for use, not only in outbreaks of enteric such as the one now causing some anxiety, but also for research in many directions where physical disease is primarily responsible for mental disorder. It is also necessary that the medical staff should be strong enough to enable the introduction as time passes of many modern adjuncts for the treatment of mental disorders, such as the treatment of general paralysis by induced malaria and the use for the benefit of patients of radiant heat and ultra-violet rays. It is impossible to expect two medical officers to do more than properly fulfil their ordinary ward duties.

Kent Mental Hospitals.—1. *Barming Heath.*

February 23rd, 1926.

Our inspection of this hospital has been a very interesting one and has included a night visit to a number of the wards upon each side, where we were pleased to be informed of and to see in actual practice the therapeutic methods which are adopted in the management and treatment of those patients who show signs of excitability and unrest. We may mention that in the course of our night visit, which, so far as the nursing staff are concerned, was wholly unexpected, we saw one male patient being treated with a continuous bath and evidently with good effect.

The hospital is in admirable order throughout, the patients (all of whom in residence we understand have been seen by us) were being treated with tact and careful supervision, the wards were most attractive and the conditions which prevailed were, in our view, so satisfactory in all respects that we have neither comment nor criticism to offer.

The conditions, too, during our night visit were not a little surprising in regard to the absence of noise which prevailed, and that, although our

round included those wards where the most excited and restless patients were asleep, either in dormitories or single rooms, a very considerable number of the latter being unlocked and open to the corridors, but where the conditions of any patients required it nurses were in continuous attendance.

Male patients are each provided with a night shirt, in some of the male wards patients are supplied with suits specially assigned to them, and any patients can wear their own clothes if it is desired, and 21 per cent. of the women do as a matter of fact have their own dresses.

As much freedom as possible is allowed to the inmates, 67 of the male patients have parole beyond the estate, and 140 men and 28 women have a more limited privilege within the grounds.

There is an occupation officer on the male side, whose work is proving very useful, and we note with pleasure that amongst the women also every endeavour is made to induce any one at all capable to engage in some form of occupation.

The nursing home, which will in the future be such an outstanding feature at this hospital, is progressing; a wide verandah for the use of the male admission ward will soon be completed, and a draw plate oven is being built in the general kitchen. Some day, not too far distant, we should like to see the installation of electric light in the hospital, and with that would doubtless follow the supply of a cinema, which we know gives so much pleasure to the inmates of those institutions where it has been provided.

Since July 21st, 1925, there have been 186 admissions, 78 patients have been discharged, of whom 60 had recovered, and 11 patients have been dealt with under S. 79 of the Lunacy Act. The question of how far advantage can be taken of Sections 25 and 26 of that Act is, we understand, not lost sight of by the Committee.

As many as 65 patients have been allowed on trial, to 24 of whom money allowances have been granted.

Those on the books number 1,812—males 729, females 1,083; 76 being classed as private, the " Service " patients being 69.

There are 15 Out-county patients.

Fifteen patients are on trial, leaving in residence 1,797—males 724, females 1,073.

There are vacancies for 19 male patients, but on the female side there is an excess of 58.

The maintenance rate is for home patients 20*s*. 5*d*. and for private patients 35*s*..

Only one patient has been mechanically restrained.

The staff consists of—

Charge male nurses -	12	Charge female nurses -	20
Ordinary - - -	51	Ordinary - - -	95

for day and 14 and 25 respectively for night duty. Nineteen female nurses are employed on the male side. Thirty-five male and 39 female nurses are certificated or registered as mental nurses, and 16 and 19 respectively have passed the preliminary examination.

These figures, good as they are, exhibit only a partial index of the admirable and highly organised system of training in vogue here.

The death rate during 1925 was again very low, 6·2 per cent. (males 7·5 per cent., females 5·2 per cent.); this and the previous year's rate (5·6 per cent.) are the lowest here during at least the past fifty years.

The 23 male and 22 female deaths were all from natural causes, verified in the very good proportion of 88 per cent, by post mortem examination. Among the causes, general paralysis figured largest, which makes us the more glad to know that treatment by induced malaria is likely to be resumed here shortly. Tuberculosis was a cause of death in only 5 instances, all but one case being females; and we saw with satisfaction the

care taken, by the use of special cards, to note the stages and effect of treatment in the 7 male and 16 female tuberculous cases now under observation. Apart from these cases, a negligible amount of influenza, and a sporadic case in each sex of enteric fever, there has been an entire absence of infective disorders.

There have been 8 cases of fracture of the bone, none calling for special mention. We saw 95 male and 121 female patients in bed, i.e., 12 per cent. of the patients in residence.

The appearance of the dormitories in which they were being nursed was specially pleasing, and the arrangements for nursing are on the best hospital lines.

The foregoing speaks for itself and shows how pleased and satisfied we are with the administration and medical arrangements in this hospital.

Kent Mental Hospitals.—2. Chartham.

November 26th, 1926.

During the past twelve months and more which have elapsed since the last visit from members of our Board, important work of construction, alteration and equipment has occupied the attention of those who are primarily responsible for the maintenance and progressive improvement of this hospital, which ministers to the welfare and mental treatment of so large an area.

Some of this work has been completed, part of it is still proceeding, whilst there are still some matters which have not been actively taken in hand.

We note as completed the two male blocks for the accommodation of about 200 patients, which are in use, and are an admirable and well adapted addition to the hospital. The house for the residence of one of the medical officers, now occupied, a clinical laboratory which only awaits the proper arrangement of the equipment, the installation of a cinema, which we are satisfied will prove useful as an addition to the amusements of the inmates and will be much appreciated, the addition of a Hobart machine, hot plates, tea infusers and fish fryers in the kitchen, and a 6-roller Callender and Tullis foul syphon washer in the laundry.

The work in process of being carried out and nearing completion comprises the alteration of male ward A for the use of female patients, the conversion of the sanatorium into excellent and well arranged quarters for some 30 nurses, the provision of generating plant for electric power and the lighting by electricity of the whole institution. The contrast between the present and old lighting of the hospital is very marked.

It is in contemplation to provide a duly equipped X-ray room and to have a small clinical room on the female side in the converted male A ward. This ward, when the alterations have been completed, will be used for new admissions and convalescent cases, and, though not ideal, will be a very great improvement upon the conditions which now exist.

All of this is eminently satisfactory, and gives evidence of a desire on the part of those responsible for the administration of the hospital to bring it into line with modern views, and make it not only a place of retreat but a hospital not in name only, but in reality.

When all the work in hand has been completed, we doubt not but the redecoration and renovation of the wards and buildings generally will receive what we believe is recognized as a much needed and long delayed attention.

We have, we believe, seen all patients in residence, and we were very well pleased with the conditions in which we found them. We need say no more on this head, but should like to add that the spirit of contentment which prevailed throughout the hospital was marked. We know that the Chairman of the Committee and his colleagues make it a practice of

regularly visiting the wards and showing a personal interest in the patients' welfare and comfort, and we cannot but think that this reflects in no small measure upon the patients, and accounts very considerably for the contented attitude of the inmates to which we have referred.

Since July 23rd, 1925, there have been 347 admissions, 152 discharges, of whom 118 have recovered, 24 patients have been dealt with under S. 79 and 86 have been allowed out on trial. The deaths have been 128.

On the statutory books are 1,218 patients, males 588, females 630, of whom 64 are private and 39 are classed as "Service." There are but 7 Out-county patients.

The number in residence is 1,207, males 583, females 624.

Parole beyond the estate is allowed to 40 men and 6 women, and a more limited freedom within the grounds to 83 men and 3 women. There are open door wards, and in some of the wards patients have the privilege of sitting up if they so desire beyond the usual hours for retiring.

There are said to be vacancies for 124 males and an excess of 61 on the women's side, a position which will be considerably altered when male ward A has been handed over, on completion of the alterations, to the women's use. We hope that ere long the suggestion of our Board will be carried out, and that a remeasurement will be made of the whole day and night accommodation and duly noted in the wards.

We could not but notice not a few youthful patients of each sex who would be much more satisfactorily provided for in an institution under the Mental Deficiency Act. Association with adult mental patients is undesirable for many reasons.

The weekly maintenance rate for home patients is 22*s*. 9*d*. and for private patients 35*s*.

The staff consists of—

Male charge nurses -	10	Female charge nurses -	11
Ordinary - - -	55	Ordinary - - -	52

for day and 8 and 10 respectively for night duty.

Those certificated or registered as mental nurses number 33 males and 19 females, and 17 male and 14 female nurses have passed the preliminary examination.

The dietary scale is conveniently set out in pamphlet form, a perusal of which shows that great attention has been given to this important matter. The scale appears to be good and to give satisfaction. When the Hobart machine is in full use it will be an easy matter to introduce some further variety with the breakfast and teas.

The death rate during 1925 was 8·2 per cent.; there has been but little variation in it during the past three years or as respects the sexes.

Among the deaths are three cases of accidentally sustained fracture of the thigh and one from burns sustained before admission. Apart from these four cases, in which, as well as two others, inquests were held, all the 52 male and 76 female deaths were due to natural causes, verified in 67 per cent. by post mortem examination.

There have been 10 other cases of fracture and one of dislocation. Though this number may be rather above the average each case was purely accidental, and in the course of our enquiries into these accidents we have been favourably impressed with the great care taken in noting up particulars and with the high standard of medical work as set out in the clinical and post mortem records. We would nevertheless strongly urge the setting apart of a room in each ward to serve as a clinical room, for the reasons and purposes fully set out in our Board's last two Annual Reports.

Among the deaths are an appreciable number (12 males, 5 females) of cases of general paralysis. We were therefore the more pleased to hear of the efforts here to treat such cases either by "induced malaria" or by another pyretical method known as "The Starke" treatment.

The patients in bed numbered 9 per cent. of the total in residence, obviously in receipt of excellent care and attention, but we noted a shortage of hot water bottles. In female A.1 ward we think there is a good opportunity of adding, at small expense, other verandah accommodation.

Tuberculosis accounts for 7 male and 10 female deaths, that is 13 per cent. of the total deaths, and there are at present under observation and treatment 13 tuberculosis cases on the male and 11 on the female side. The latter numbers suggest that good care is taken to recognise such cases clinically, and the former numbers suggest that the incidence of this disease is still somewhat marked here and warrant unremitting effort towards its reduction. There has been one case each of dysentery, diphtheria and erysipelas.

As medical colleagues Dr. Collins has to assist him Dr. J. A. Topham (deputy superintendent), Dr. G. T. Baker, D.P.M. (away on leave), Dr. F. C. M. Taylor, D.P.M., and another medical officer on a temporary footing in the absence of the gentleman appointed as pathologist, who is absent on sick leave.

Lancashire Mental Hospitals.—1. *Lancaster.*

April 14th, 1926.

We have to-day completed our annual inspection of this large institution which we commenced yesterday, and can report that it continues to be very ably administered for the care, treatment and comfort of the patients under Dr. Cassidy.

During the 14 months that have elapsed since our colleagues' visit the following numerical changes have occurred amongst the patients resident here:—

	Males.	Females.	Total.
Admitted - - - - -	194	471	665
Transferred to other care - -	176	9	185
Discharged - - - - -	73	112	185
of whom (*a*) had recovered -	29	57	86
(*b*) dealt with under s. 25 -	21	13	34
(*c*) dealt with under s. 79 -	11	7	18
Allowed out on trial - - -	37	66	103
of whom granted allowances -	4	6	10
Died - - - - - - -	69	68	137

There are now on the statutory books the names of 2,572 patients in the proportion of 931 males to 1,641 females. Five of each sex are now out on trial, leaving 926 males and 1,636 females in residence. The average number of patients who were resident during the past year was 930 males and 1,474 females. Since the last visit the south end of the annexe, namely, wards E, F, G, H and I, have been transferred from the male side, and the total accommodation in the institution now is for 921 men and 1,726 women. On this calculation there is an excess of 5 male patients and vacancies for 92 females. It therefore becomes necessary to find further accommodation, either by the provision of an admission block, by the more liberal use of dealing with cases under s. 25 of the Lunacy Act, which apparently has not been very successful in the past, several of the patients who had been so dealt with having been sent back again from the Poor Law institutions, by boarding out, or by the acquirement of some disused Poor Law institution or other building for quiet chronic cases until it becomes possible to provide additional accommodation on the estate or elsewhere. In our opinion the early consideration of this question by the Visiting Committee is desirable.

We are glad to learn that the Committee have agreed to provide at least two houses for members of the medical staff, which are now under consideration as to site and design.

Additional accommodation for the married male nursing staff has been provided by the erection of 10 new cottages.

The quarters near the workshops which were formerly used by the single male nurses have been converted into accommodation for the male patients, and excellent club rooms, a sitting room, and billiard room, with 18 single rooms, have been provided for the parole patients attached to the workshops.

Another improvement that is being carried out is the removal of the carriage road in front of the annexe to a greater distance from the building which will give the opportunity of enlarging the ward gardens.

The fabric of the institution is well maintained generally, and some redecoration has been carried out and some is in progress in the main building. Several wards in the annexe require attention in this respect. In the bathrooms in the wards of the south end of this building we should like to see screens placed between the baths so as to give greater privacy to the female patients when using them.

We were glad to notice that some half-doors had been provided to some of the w.c.s which lacked them.

We found the day rooms and galleries throughout clean, tidy and well kept, affording very comfortable accommodation. The dormitories and single rooms were in proper order, and the beds and bedding well arranged, clean and sufficient.

Of the 2,572 patients whose names are on the books, 182 men and 245 women are of the private class. Of the former sex 65 are " Service " and 16 " ex-Service " patients. They are receiving the privileges due to their classes, and the majority of them are warded together with other private patients in C ward in the annexe.

There are 15 Out-county patients chargeable to 13 various unions.

The weekly maintenance charge for the home patients is 20*s*. 5*d*., the average weekly cost as last ascertained being 20*s*. $8\frac{1}{2}d$.

One ward on either side is administered on the open door principle, and 41 men and 6 women have their parole beyond the institution, whilst 42 men and 14 women are allowed out unattended within the grounds.

Patients generally were in good physical health, and there was evidence of good nutrition throughout. Cases under special nursing care for the most part consisted of persons suffering from senile or other debility or from chronic disease associated with their mental disorder. Although some of the chronically diseased patients were seriously ill as the result of terminal states, there was very little that could be described as sickness of acute character. Since the last visit by members of our Board, 3 cases of dysentery have occurred, but no patient was to-day under treatment for this disease. Twenty-three persons are at present under care for tuberculosis in more or less active form, 14 on the male and 9 on the female side, the majority of whom were receiving the benefit of open-air treatment.

Considerable advances have been made of late in the direction of providing means for attention to the physical side of treatment of mental disorder. This is most evident in the provision of and general equipment of a treatment centre for this purpose by the internal reconstruction of I ward in the annexe. Alterations here are very extensive, and include an operating room, with all the necessary working equipment and side rooms, an ophthalmic room, a dental room, X-ray apparatus and developing rooms, two departments fitted with apparatus for ultra-violet ray treatment, electric treatment rooms fitted with electro-medical apparatus of varied description, including a " galvanoset " providing efficient service for Schnee four-cell bath treatment, and a diathermy apparatus of the most modern type, and a capacious lecture hall for tutorial classes for nurses.

This treatment centre is being brought gradually into use, and we understand that some of the adjoining wards will eventually be occupied by persons who are likely to benefit by these facilities for treatment.

We feel unable to leave the subject of treatment without some reference to the unsuitability of present arrangements for dealing with new admissions. We find, however, that the need for improvement in this respect is fully realized, and feel sure that early consideration will be given to the provision of better accommodation for recent cases, amongst whom will always be found those most likely to benefit from the best possible surroundings that can be devised.

We are satisfied that full use is being made of the valuable aid to diagnosis and treatment provided by the pathological bio-chemical laboratory, under the control of a pathologist who has the assistance of a laboratory assistant for routine work.

We formed the opinion from data supplied to us that the dietary is good from all points of view, quantity, quality and variety. It is surprising that such good feeding has been possible in the main building with such inadequate facilities for food preparation as have existed up to the present. We were glad, however, to see that work for the reconstruction of this department, and its re-equipment with modern apparatus, is in progress.

The deaths that have occurred since February 26th, 1925, number 137, of which 44 were due to diseases of the heart and circulation, 15 to malignant disease, 13 to tuberculosis of all forms, 10 to general paralysis, and 9 and 7 to kidney disease and brain disease respectively. With three exceptions all deaths were due to natural causes; the three exceptions being one due to exhaustion in an old man following an accidental injury, another due to the suicide by drowning of a patient when on temporary leave, and a third when death resulted from blood poisoning following a self-inflicted bite. Inquests were held in each case.

The mortality per cent. of the average number resident for 1925 was very low, being for males 6·13, for females 3·73, and for both sexes together 4·74.

The serious casualties that are recorded as occurring during the period under review number 10, 9 being fractures of bones accidentally sustained, and one extensive burns resulting from self injury.

Mechanical restraint has been employed in the cases of 5 male and 11 female patients, on 86 and 98 occasions respectively, and seclusion in the cases of 18 male and 24 females for a total of 1,961 hours.

The nursing staff consitts of—

	Males.	Females.	Total.
Charge - - - - -	9	30	39
Ordinary - - - - -	86	216	302
Night - - - - - -	18	42	60

Twenty women are employed in nursing male patients.

Seventy-seven of the male and 83 of the women nurses are certificated or registered as mental nurses, and 7 other male and 14 women nurses have passed the preliminary examination.

Dr. Cassidy has Dr. R. P. Sephton as deputy medical superintendent. The other medical officers are Dr. S. R. Tattersall, pathologist; Dr. C. J. Thomas, Dr. G. R. Wadsworth, Dr. Gladys Chapell, Dr. Bridget Linehan, and Dr. E. R. Hull.

Lancashire Mental Hospitals.—2. Rainhill.

April 20th, 1926.

We have to-day completed our visit to this institution, which we commenced yesterday, and are glad to report that it continues to be ably administered in a progressive spirit by Dr. Reeve.

During the 14 months that have elapsed since our colleagues' visit the following numerical changes have occurred:—

	Males.	Females.	Total.
Admitted - - - - -	357	389	746
Transferred to other care - -	11	59	70
Discharged - - - - -	156	214	370
of whom had recovered - -	94	126	220
dealt with under s. 25 - -	4	1	5
dealt with under s. 79 - -	50	87	137
Allowed out on trial - - -	62	99	161
Died - - - - - -	127	100	227

There were, when we commenced our visit, on the statutory books the names of 2,276 patients, in the proportion of 1,065 males to 1,211 females. Seven of the former sex and 14 of the latter are away on trial, leaving a total of 2,255 patients in residence.

Private patients, all of the "Service" or "ex-Service" class, number 172 males.

Seven women are chargeable to as many out-county unions.

The weekly maintenance rate for the county patients is 20*s*. 5*d*.; the average weekly maintenance cost as last ascertained was 19*s*. 8½*d*.

The charge for the private patients is 24*s*. 2*d*. per week.

The total accommodation in the institution as returned to us is for 1,131 male patients and for 1,221 female. On this calculation, including accommodation available for the 21 patients now out on trial, there are 66 vacancies on the male side and 10 on the female. The average number of patients resident during last year was 1,031 men and 1,172 women.

We found the wards and dormitories throughout the buildings in very good condition, considerable progress having been made in the redecoration and internal painting.

The wards are very well supplied with flowers and plants, and we saw a very large stock in the greenhouses in the garden to keep that supply up to proper amount.

Since the last visit the additions to M.15 and F.16 at the annexe have been completed, and these wards are in occupation. In progress are the alterations to ward M.16 at the main buildings, which is being converted into an infirmary ward, and when completed will afford very good facilities for nursing the sick; on each of the three floors there will be spacious verandahs on the south and west sides. The works in progress in this ward have somewhat disorganized the arrangements for classification, but generally this is very well carried out on both sides of the institution. A wireless installation has been provided in the main building with eight loud speakers, and a similar installation with ten loud speakers is now being put into the annexe.

In some of the wards there are still instances where there are no special locked cupboards for poisons, as, for instance, in F. wards 18 and 19 in the main building, and though the supply of letter boxes has been increased we should like to see one in each ward.

Generally we found the patients well behaved and quiet and contented. Apart from appeals for discharge, which were not unduly numerous, we had very few complaints as to their treatment, and these on investigation were not substantiated.

The dress and personal appearance of the patients of both sexes were satisfactory. No night shirts are provided for the male patients, and we should like to see a beginning made by the issue of some to those patients in the infirmary wards who are confined to bed.

Two wards on the male side and one on the female are administered on the open-door principle, and parole beyond the estate is given to 70 men and 31 women, whilst 70 other men and 64 women have parole in the grounds.

There has been no use of mechanical restraint; seclusion has been resorted to in the case of 58 men for 3,846 hours and of 111 women for 3,661 hours.

The dietary scale now in force in this institution is the same as that approved for all Lancashire Mental Hospitals. It is generally satisfactory; due attention is being given to quantity, quality and variety. The low death rate during recent as compared with previous years, especially in regard to such diseases as tuberculosis and dysentery, may be attributed largely to this factor. There have also been many concurrent additions to kitchen equipment to facilitate the preparation of food and its hot and efficient service to patients.

Although many persons were under care in bed at the time of our visit suffering from the chronic conditions that are always to be found associated with mental disorder, and many patients under special nursing care for mental reasons, cases of acute disease were few, and there was no case of infectious disorder in the ordinary acceptation of the term. Patients notified as suffering from tuberculosis numbered 41 in all, 17 on the male and 24 on the female side of the hospital; many of these, however, were not now in the acute stages. All sick patients were receiving all that is necessary by way of medical care and attention. Some patients suffering from general paralysis were being treated by induced malaria.

The importance placed in this institution upon research into the physical causes of mental disorder, and the pathological changes associated therewith, has often been referred to in reports after previous visits. We are glad to find that the pathological laboratory work under Dr. Watson's skilled supervision continues to be given the prominence it deserves. We are of opinion that the value of such work in an institution like this cannot be over-estimated.

The general health of the mass of patients, those not under treatment in sick wards, was good throughout the institution; their appearance gave the impression of good nutrition, and weight records appeared to be generally satisfactory.

Deaths since the last visit numbered 227 in all, about 20 per cent. being due to general paralysis, between 17 and 18 per cent. to pneumonia and kidney diseases, 11 per cent. to senile decay, and a little under 10 per cent. to tuberculosis. The death rate from tuberculosis was only ·8 per cent. of the average resident population during 1925, the lowest recorded in the history of the institution. One patient died from dysentery during 1925, the first for three consecutive years; a very good record for an institution where for many years this disease was seriously epidemic. With one exception, a case of a patient who died under an anaesthetic during an operation for appendicitis, all deaths were due to natural causes.

Of the 7 serious but non-fatal casualties that have occurred during the period under review, 6 were fractures, injuries or dislocation of bones, accidentally sustained, and one was a cut wrist self inflicted.

The nursing staff consists of—

	Men.	Women.	Total.
Charge - - - - -	19	19	38
Ordinary - - - - -	102	120	222
Night - - - - - -	23	29	52

Of the men 106, and of the women nurses 40, are certificated or registered as mental nurses.

Dr. Reeve has to assist him Dr. C. G. Ainsworth as deputy superintendent, and at present three other medical officers; two others are shortly joining the medical staff, which we are glad to notice has been increased in strength.

Lancashire Mental Hospitals.—3. Prestwich.

December 3rd, 1926.

When Dr. Blair was entrusted with the administration (early in the year) of this large and important hospital it was fully realized that it was no mean task, and would require his whole-hearted attention. There were long-delayed but necessary improvements which called for almost immediate action, and others which it was apparent would have to be effected if this hospital is to take the place that it should amongst the hospitals for the care and treatment of mental disorders. He has fully appreciated the position and has made a good beginning—much still remains to be done—but time must necessarily be given for a full realization.

The reorganization of male infirmary 3 as an admission hospital has been carried out so far as it can be until provision is made by the addition of verandahs for the out-door treatment of suitable cases, and female ward 10 has lately been brought into use for a similar purpose, both measures of considerable improvement and all to the good pending the erection, it is hoped, at some future date of admission hospitals.

A scheme for placing the sanitation on a sound basis is almost ripe, which, after careful consideration, Dr. Blair considers, subject to some minor details, will be sufficient and suitable for dealing with the present building and any alterations and additions to the hospital in the more immediate future.

The proposal, now under consideration, to have but one laundry for the whole institution, which means the demise of and applying to other purposes the laundry at the annexe, should be an advantageous change and should make for economy, and the proposed use of what is now the male phthisis ward as a centre for treatment of general paralysis by induced malaria is another well-considered addition which we hope will be effected.

We are glad to note that a cinema has been installed in the men's dining hall, and that evident attention is given to out-door games, both in winter and summer, for the patients' amusement.

The medical side of the hospital is being gradually reorganized and improved by the many schemes now in hand or under consideration, but it will of necessity be some time before Dr. Blair will be able to introduce all his contemplated improvements. The following are the most important of his contemplated alterations:—

The reorganization of the means for the segregation of tuberculous patients and others suffering from infectious disorders.

The establishment of a centre for the treatment of general paralysis, already referred to.

The organization for the reception of encephalitis cases and their treatment, for the whole of the Lancashire Mental Hospitals.

The provision of a treatment centre to serve temporarily until new admission hospitals are built.

The full equipment of the laboratories and the provision of clinical rooms for each ward—some, notably in the hospital and admission wards, are already in use.

All these schemes appear to be excellent, and, with what has already been effected, point to the careful consideration which has been given to the needs of this hospital, but we hope that certain other matters to which we have drawn Dr. Blair's attention and which we have discussed with him will also receive due consideration.

Some general decoration and renovation has been carried out, some is now in hand, and other useful work has been and is being effected, but the only thing to which we would draw any special reference is the alteration of the male attendants' block to accommodate both sexes.

The patients were contented and free from complaint and the wards are well kept. Since December 6th, 1925, the alterations amongst the patients, including 173 discharged as recovered, leave on the books 1,251

males and 1,406 females, a total of 2,657. Nine patients are on leave, and we believe we have seen the 2,648 patients who are in residence—males 1,248, females 1,400.

Parole is allowed to 25 men beyond and to 52 within the estate.

In view of the late remeasurement of the wards the question of accommodation will need further consideration.

The maintenance rate for home patients is 20*s.* 5*d.* and for private patients from 29*s.* 9*d.* to 42*s.*

There has been no mechanical restraint.

The hospital has been practically free from epidemic disease and the patients presented a healthy appearance, but we hope particular attention will be paid to the weights of the more demented patients in the annexe.

Those known to be suffering from tuberculosis number 20 males and 31 females, all of whom are as far as possible segregated from others, but, as before mentioned, other arrangements for this are under consideration.

We noticed that caution cards have not been issued concerning all these patients, and we would press for the necessity of this being done for these and for patients who have suffered from any intestinal infection, so that the nursing staff may be kept fully aware of their danger to others.

The sick appeared to be receiving careful and skilful nursing in the infirmary wards, and as many as possible of them and of those needing rest for mental reasons were being nursed in the open air on verandahs, which, unfortunately, both in size and number, are inadequate for the hospital's requirements.

All the deaths, the chief causes of which were general paralysis, heart disease and tuberculosis, were due to natural causes, and the cause was verified by post mortem examination in all but 40 of the 188 deaths. No inquests have been held.

There is some shortage of female nursing staff, but it is hoped this will soon be overtaken.

There are 63 male and 6 female nurses who are certificated or registered as mental nurses, and 15 of each sex have passed the preliminary examination.

Dr. Blair is assisted by Dr. Logan (deputy superintendent), Dr. Janet Sang, Dr. Wilson, Dr. Nunan, Dr. Curran, Dr. Alice McGlashan and Dr. Talbot.

Lancashire Mental Hospitals.—4. Whittingham.

April 16th, 1926.

Concluding the visit to-day which we commenced yesterday to this institution, we are able to state as a result of our inspection of all departments that it continues to be very well administered and carried on for the welfare, treatment and nursing of the patients resident here.

Since our colleagues' visit ten months ago, the following numerical changes have occurred among the patients:—

	Males.	Females.	Total.
Admitted - - - - -	234	191	425
Transferred to other care - -	10	58	68
Discharged - - - - -	134	83	217
of whom recovered - - -	87	50	137
dealt with under s. 25 - -	20	1	21
dealt with under s. 79 - -	21	30	51
Allowed out on trial - - -	18	9	27
Died - - - - - -	74	61	135

There are now on the statutory books the names of 2,826 patients, in the proportion of 1,334 men to 1,492 women. One hundred and fifty-nine of the former and 3 of the latter are classified as private patients, 146 men

being " Service " and 12 " ex-Service " patients. There are 6 Out-county patients chargeable to as many unions.

The weekly maintenance charge is for the home patients 20*s*. 5*d*., whilst the average maintenance cost when last ascertained was 20*s*. $3\frac{1}{2}d$.

The charges for the private patients other than those of the " Service " or " ex-Service " class range from 30*s*. to 63*s*. per week.

One patient of each sex is now out on trial, leaving 1,333 men and 1,491 women in residence. The average number resident during the year 1925 was 1,319 patients on the male and 1,479 on the female side.

According to the return of accommodation made to our Board in January of the present year, there was day accommodation for 1,323 males and 1,288 females, but night accommodation for 1,445 males and 1,393 females. If these figures are based on the accurate calculation of floor space allowed for each patient there should be some adjustment. In beds actually in position the female side is practically full, but there are vacancies for some men in the admission hospital, at present only 23 men being housed on the male side, which is capable of accommodating 80.

During the course of our visit, to the best of our belief, we have seen all the patients of both sexes who are in residence, and have given them an opportunity of stating any grievance or complaint. Apart from applications for discharge, which were not unduly numerous, we did not receive any complaints as to ill-treatment or unkindness on the part of the nursing staff.

Generally, the patients were quiet and orderly in their conduct, and tidily and suitably dressed. As suggested by our colleagues, some lighter boots have been provided for the use of the women.

The day rooms and galleries were in good order and well supplied with books, plants and objects of interest. The improvement of the heating arrangements, which has necessitated the removal of the radiators in the main building and the old annexe, and the opening up of trenches in the latter for the pipes, which has just been commenced, of course is causing some disarrangement in these wards.

In progress also are the alterations to the verandahs in female ward 6 in the main building and some redecoration of the wards.

The dormitories throughout the institution were in good order, and the beds and bedding clean and of good quality. The male patients do not have night shirts, and we should like to see those who are confined to bed in the hospital wards at any rate provided with them.

Three wards on the male side are administered on the open-door principle, and liberal parole is given, as many as 43 men and 58 women being returned as having parole beyond the estate and 178 men and 85 women within the grounds.

The grounds and gardens generally are very well kept, and we were glad to notice a considerable improvement in the condition of several of those immediately attached to the wards.

During our visit to the wards we were pleased to note the keenness displayed by the medical staff in the treatment of their patients; more especially was this apparent in regard to those who for mental or physical reasons required special attention in the sick wards. The intimate knowledge of their patients and the peculiar circumstances of each, exhibited by all the assistant medical officers in turn, reflects credit upon them and upon Dr. Clark as the person responsible for the high standard of team work.

The value of the medical treatment of patients in this hospital is materially enhanced by the full use that is made of the opportunities for bio-chemical and pathological work provided by the well equipped laboratory and by the skilful help available in this department for routine examinations. The experienced laboratory assistant and his helpers are invaluable in this connection. We were impressed by the value of this department in the treatment of patients, and the facilities afforded by its

existence in the exploration of all fields of research likely to benefit them.

Another feature of medical work, and one that is extensively practised with a considerable measure of success in the hands of the medical staff, is the treatment of general paralysis by induced malaria. We were glad to note the careful records kept in respect of cases so treated, and look forward to the time when exact particulars can be given as to results. Except in regard to one or two minor details which we thought were capable of improvement, and which we discussed fully, the arrangements for the conduct of this treatment without danger to others are all that can be desired.

The arrangements that are in force for the nursing of sick patients who are confined to bed and the general nursing care of all who need hospital treatment are good also. All the details of medical and surgical nursing and the education of male and female nurses are now placed in the hands of a sister tutor, whose duty it is to secure for the benefit of the sick and feeble in this institution a standard of nursing efficiency equal to that of a general hospital. Her duties include lectures and demonstrations, ward instruction in bed making, the use of dressings, lifting of patients, etc., the supervision over surgical dressings, the care of the operating theatre, and the periodical visitation to wards to receive instructions from the medical staff, and be responsible for the execution of such instructions. The present holder of this post, a new appointment, is doubly trained, appears to be very capable, and is evidently determined to make her efforts successful.

Of patients under care in sick wards, with the exception of a few cases of influenza, very few indeed were suffering from acute sickness, the large majority being cases of chronic disease associated with mental disorder or persons under special nursing care for mental reasons.

There was no case of dysentery under treatment, a disease from which the institution has been remarkably free for long past, and no other form of epidemic disease. The cases of tuberculosis under treatment numbered 15 only, 9 being pulmonary and 6 surgical in character. The remarkably small incidence of pulmonary tuberculosis in this large population is very satisfactory and due, we are satisfied, to the good dietary and full use made of open-air life.

The dietary is undoubtedly good and varied, due prominence being given to quality in respect to vitamin value as well as quantity. Credit is due to those engaged in the cooking and preparation of food for their good work, especially in the main kitchen, where conditions are very unfavourable to efficiency and economical administration. Many new appliances of value have been installed, but space here is inadequate, and the general arrangements are capable of material improvement. The steward's stores are also cramped and inconveniently arranged for smooth working. These departments, although not apparent as some others, are of extreme importance, and we hope that some attention may be paid to the remedy of present deficiencies.

Deaths since the last visit numbered 135, all but two being due to natural causes, no special comment in regard to any one of them being necessary. The exceptions were in one case a death due to the effects of lysol swallowed before admission, and in a second case where death resulted from hanging in a patient who, although under continuous supervision, eluded her nurse. The details of both these deaths were reported to our Board at the time of the occurrence.

Serious but non-fatal casualties numbered 7, all fractures of bone or dislocations accidentally sustained.

No mechanical restraint has been employed. Seclusion has been resorted to in the cases of 53 male and 104 female patients for a total of 1,378 and 3,377 hours respectively.

The nursing staff consists of—

	Men.	Women.	Total.
Charge - - - - -	22	22	44
Ordinary - - - - -	130	142	272
Night - - - - - -	31	35	66
Certificated or registered as mental nurses - - -	133	44	177
of whom have Med.-Psych. certificate - - - -	58	11	69

There are no women nurses on the male side.

In the matter of the female staff we think that the establishment of a nurses' home under club conditions would greatly increase their comfort and tend to improve the conditions of the nursing service.

Dr. Clark has to assist him Dr. A. R. Grant as deputy superintendent, and five other medical officers. In view of the marked efficiency of the assistant medical staff and the obvious advantages to be gained from continuity of service, we think that increased accommodation should be provided for married medical officers. Without such facilities changes will be frequent, and much experience gained will be lost to the disadvantage of the work.

Lancashire Mental Hospitals.—5. Winwick.

April 22nd, 1926.

During yesterday and to-day we have been occupied in paying the annual visit on behalf of our Board to this institution, and during the course of it have visited all parts of the main building, Winwick Hall, the domestic apartments, the shops, gardens, and some of the farm buildings. The whole institution is kept in capital working order, the fabric well maintained, and the general reinstatement proceeding satisfactorily.

The addition of the single side rooms to some wards on both sides is proceeding, but the work has been delayed by strikes and the difficulty of getting suitable workmen. Eighteen of these rooms have been completed on the male side and are in occupation, and the remaining 48 are in course of being constructed.

The accommodation as returned to us is for 1,040 male and 1,100 female patients, and as the institution is practically full, there being an excess of 4 patients on the male side and only vacancies for 7 on the female side, it is very necessary that extra accommodation should be provided. This will be provided to some extent by the addition of the extra side rooms, and our attention was drawn to the top floor of block 10, which has 21 rooms, formerly occupied by attendants and which are not now required for them. We think they might be very suitably occupied by male patients of the parole class who are warded in that block. In Winwick Hall also there are two rooms, the dining hall and the old schoolroom, which have not been used of late. These rooms would give good accommodation for another 20 female patients. At the present time the whole of the top floor of Winwick Hall is in the hands of the painters and decorators, and these two rooms are being used as dormitories, but on the completion of the redecoration we see no reason why they should not be counted as extra accommodation.

The day rooms and dormitories are kept in a very clean and excellent condition, and the former, with their galleries, are very well supplied with flowers, plants and ferns. On visiting the gardens we saw a very large stock of these in the glasshouses and pits to keep up the supply in the wards.

The ward gardens are well kept; the one at Winwick Hall, to which attention was called by our colleagues on their last visit, has been enlarged and the paths are now in process of being asphalted.

During the 10 months that have elapsed since the last visit the following changes have occurred amongst the patients:—

	Males.	Females.	Total.
Admitted - - - - -	264	267	531
Transferred to other care - -	9	62	71
Discharged - - - - -	106	124	230
of whom had recovered - -	80	72	152
dealt with under s. 25 - -	—	3	3
dealt with under s. 79 - -	20	49	69
Allowed out on trial - - -	25	11	36
Granted money allowances - -	19	10	29
Died - - - - - -	52	85	137

We are glad to note that several patients have been allowed out on trial, and especially that a liberal grant of money has been made to them whilst so out.

Having regard to the need of accommodation we hope that endeavours will be made as much as possible to get the Boards of Guardians to receive patients under s. 25 in their institutions.

There are now on the statutory books the names of 2,137 patients in the proportion of 1,044 men to 1,093 women. Only one patient, a male, is now out on trial.

Private patients number 62 males, all of the "Service" or "ex-Service" class.

Out-county patients, chargeable to a dozen various unions, consist of 5 men and 10 women. Adjudication and removal to their proper mental hospital should be undertaken as soon as possible.

To the best of our belief we have seen all the patients in residence and given them an opportunity of speaking to us, and stating any grievance or complaint. Generally we found them contented, well-behaved and free from complaints. As usual, we received a good many appeals for release, but these were not unduly numerous.

The patients of both sexes were tidy in their dress and personal appearance, and we are glad to hear that arrangements have been made for the supply of a lighter and better style of boot for the females.

The beds and bedding were clean, well arranged and in good condition. We are glad to find that a beginning has been made to provide the male patients with night shirts by giving every man one who is warded in a hospital ward.

One ward on each side is administered on the open-door principle, and parole within the grounds is given to 74 men and 36 women, the number of the latter having been recently increased. Ten men are allowed to go out beyond the grounds unattended.

The weekly maintenance charge for the county patients is 20*s.* 5*d.*; the average weekly cost for the 12 months ended March 31st this year was 21*s.* $2\frac{1}{8}$*d.*

Although we recognise the efforts made by Dr. Rodgers to secure for his patients the advantages of proper classification, according to mental and physical state, we appreciate the difficulties he has had to contend with in the past. During recent years, when repopulation of the buildings has been rapid and the consequent admission rate unduly large (amounting to an average of something like 900 each year during the last three), conditions have been transitional and abnormal. In consequence the completely separate treatment of admissions apart from others has been impossible, and it has been necessary to make the best arrangements possible in the circumstances. In view of the fact, however, that the

building is now practically full and that the number of admissions must in future be regulated by the number of vacancies that occur, the admission rate will fall to a reasonable normal, and the separate treatment of recent cases become more possible. It is to be hoped that, when financial circumstances permit, the Committee will not lose sight of the advantages that would follow the provision of a separate admission hospital, equipped with all necessary facilities for the special treatment of such cases.

The general health of patients was good, and their state as to nutrition such as to warrant satisfaction with the scale of dietary, which is fundamentally the same as that approved for use in all Lancashire Mental Hospitals. We were glad to find that emphasis is placed on variety as a matter of importance, and that garden equipment includes adequate facilities for the provision of fruits and vegetables as additions to the dietary. In this connection the long range of glass devoted to tomato culture is especially valuable.

Sick persons under special nursing care in bed numbered 278 in all, mostly consisting, as is usual in these institutions, of patients suffering from debility or chronic diseases associated with mental disorder, or persons under treatment for mental reasons. The unusual admission rate is responsible for the proportionally large number of patients under treatment in bed. Some patients were undergoing treatment for general paralysis by induced malaria, some were still in bed recovering from this treatment, some were in the wards under observation with a view to discharge, and others had been discharged. So far as can be judged by appearances, this method of treatment seems to have met with fair success in the hands of the medical staff; careful notes of cases are, however, being taken here, as elsewhere, for use in future when experience justifies definite conclusion. We were satisfied that all sick patients were receiving adequate medical and nursing care, under conditions closely approximating to those in a general hospital. Sick wards are now provided with hospital trolleys for surgical dressings.

The number of patients notified to us as suffering from tuberculosis was 63, incidence upon each sex being approximately equal. Some of these cases were at present latent or recovering. So far as possible cases were under treatment in the open-air on verandahs. A few persons were suffering from influenza, but there was no case of any other form of epidemic disease under care. The institution remains quite free from dysentery.

Deaths since June 15th last have numbered 137, all being due to natural causes, the chief diseases leading to fatal results being disease of heart and circulation in 67 cases, general paralysis in 20, pneumonia in 14, and tuberculosis in 10. Owing to the presence of some results of an accident before admission, an inquest was held on one case of death from pulmonary tuberculosis. Ten of the 11 casualties reported to us were in the nature of fracture or dislocation of bones accidentally sustained; the remaining case was one of hernia, presumably due to fracture and displacement of one of the lower ribs, as disclosed by X-ray examination. Full enquiry failed to elicit any information when this fracture occurred.

Three women have been mechanically restrained by means of locked gloves to prevent the removal of surgical dressings on 8 occasions for a total of 60 hours.

Seclusion has been resorted to in the case of 1 male and 4 female patients for short periods.

The present nursing staff is as follows:—

	Men.	Women.	Total.
Charge - - - - -	13	14	27
Ordinary - - - - -	113	107	220
Night - - - - - -	25	32	57
Certificated or registered as mental nurses - - - -	64	15	79

None of the staff is doubly trained, but two of its members were ward nurses during the whole of the five years when this institution was a military hospital.

Dr. Rodgers has the assistance of Dr. Gifford as deputy medical superintendent, with Drs. Nicole, Flora Calder, Margaret Quine and J. P. Steel as medical officers, and Dr. Aldred acting in a temporary capacity. We desire to congratulate Dr. Rodgers on the condition in which we found his institution, and the medical staff generally upon their evident keenness in their work and desire to do all they can for the benefit of their patients. We were especially pleased with the good work some of these officers are doing in the pathological laboratory.

Leicestershire and Rutland Mental Hospital.

February 17th, 1926.

Since our colleagues' visit seven months ago the following numerical changes have taken place among those resident in this institution:—

	Males.	Females.	Total.
Admitted - - - - -	27	44	71
Transferred to other care - -	—	1	1
Discharged - - - - -	5	20	25
of whom had recovered - -	5	17	22
Died - - - - - -	16	12	28

There are now on the statutory books the names of 680 patients in the proportion of 296 men to 384 women. Of these 36 men and 24 women are classified as private patients, 20 of the former being "Service" or "ex-Service" men.

There are no out-county patients.

One of each sex is now out on trial, leaving 295 males and 383 females in residence. The total accommodation in the hospital as returned to our Board is for 308 patients on the male side and for 380 on the female. There are therefore only 12 vacancies on the male side and an excess of four female patients. We notice that no patients have been discharged of late under the provisions of sections 25 or 79. We hope the Committee will endeavour to make use of the provisions of these two sections as much as possible so as to relieve the pressure here.

The weekly maintenance charge per head is 22*s*. 2*d*. for the county patients, and for those of the private class up to 52*s*. The average weekly cost as last ascertained was 20*s*. $7\frac{1}{8}d$.

To the best of our belief we have seen all the patients in residence, and given them an opportunity of speaking with us. We found them very free from any complaints as to their treatment, and the appeals for discharge were not above the average. Their personal appearance and dress were generally satisfactory, but we should like to see an improvement in the style of the women's boots, and the patients, other than those of the private class, should be allowed to wear their own private clothing.

We find that no tooth brushes or nail brushes have yet been issued, and we agree with our colleagues' remarks as to these articles in their last report. Their recommendation as to the issue of note paper and envelopes has been adopted.

The fabric of the institution is well maintained, and the day rooms, galleries and single rooms were tidy, clean and well kept. The dormitories were in proper condition, and the beds and bedding in them clean and well arranged. We notice that there are no open fires in the building, and though to-day the temperatures of the rooms occupied by the patients were at a proper level, we cannot but feel that in the colder weather there are many occasions when an open fire would be a welcome addition to the comfort of the patients.

We saw several of the patients in the ward gardens and were struck with the bad condition of the paths, especially in courts 4 and 9 on the female side.

On visiting the female general bath-room we noticed the absence of screens in the bath and dressing rooms, and have made some suggestions to the matron as to these and as to the arrangements for the bathing of the female patients generally, including the supply of some dressing gowns for use on those occasions.

We were satisfied that the sick patients, who were few in number, were receiving careful nursing, but we noticed the absence of bed tables in the infirmary wards, and we thought that the addition to the equipment of hospital glass-topped trolleys for dressings would be a great improvement.

Unfortunately, the infirmary wards are also used as admission wards and for the treatment of troublesome patients who need to be under continual observation by day and night. In consequence the recent cases are received into surroundings which, owing to the presence of noisy and troublesome patients, must be most disagreeable to them and must prevent them receiving that rest which is such a necessary part of their treatment in the early stages of their disorder.

Though something might be done to improve matters by appointing night nurses for duty in wards M.7 and F.9, where the most troublesome patients live, so that the worst cases could be sent to those wards and be under continuous supervision there, we feel that the real and other proper course for the Committee to adopt is to erect a small admission hospital for both sexes where recent cases could be treated quite apart from others.

We were struck by the number of patients who were sleeping on mattresses on the floor in single rooms, and hope that every endeavour will be made by repeated trials to enable them again to be trusted with bedsteads.

The institution has been quite free from epidemic disease, and only 5 men and 2 women are known to be suffering from tuberculosis.

The deaths have all been due to natural causes, and no inquests have been held.

No mechanical restraint has been employed, but 9 men and 52 women have been secluded for 467 and 5,087 hours respectively.

The present nursing staff consists of—

	Men.	Women.	Total.
Charge - - - - -	7	7	14
Ordinary - - - - -	22	31	53
Night - - - - - -	5	5	10

No women nurses are employed on the male side. Sixteen of the men and only two of the women are certificated or registered as mental nurses, and only 5 men and 4 women have passed the preliminary examination. We hope that these numbers, which are below the average in mental hospitals generally, will be increased.

Dr. Stewart has the services of the same two medical colleagues to assist him.

Lincolnshire Mental Hospitals.—1. *Bracebridge.*

March 19th, 1926.

It was unfortunate in some ways that our visit to this institution, which started yesterday, should have coincided with the day fixed for general stock-taking throughout the institution. The orderly disorder thereby occasioned, however, afforded us a unique opportunity of a closer inspection than is usually available of bedding, clothing and ward accessories, of which we were glad to take advantage. The result was entirely satisfactory. In these circumstances it seemed somewhat unfair to comment

on the condition of the wards as we then found them; we accordingly paid a further visit to some of them this morning. We found them in good order and provided with everything necessary for the comfort and amusement of the patients. We thought, however, that some of them were in great need of redecoration, and enquiries seemed to justify the conclusion that the repair staff was inadequate to overtake the arrears in this direction. It seemed to us that ward C. on the female side was particularly in need of attention. When this matter is taken in hand we would suggest colouring of a lighter tint, which will tend to brighten some of the wards which are constructionally somewhat on the gloomy side. We are glad to hear that the inadequacy of the lavatory facilities in some of the older wards is fully realized and that remedy for deficiencies in this respect is under consideration.

Since the last visit by two members of our Board, the central heating of the institution has been completed, some painting has been carried out, economisers have been installed and some food trolleys have been constructed, to which further reference will be made later. The most important work now in progress is the conversion of Red Hall for the reception of female and some selected juvenile male patients.

During the period under review, that is since October 15th last, 83 patients have been admitted, 39 have been discharged, 2 have been transferred to other care and 35 have died. Of the 39 who were discharged 29 were released on recovery and 5 and 3 were dealt with under sections 25 and 79 of the Lunacy Act respectively. The number allowed out on trial to test their fitness for discharge was 30. We found to-day on the statutory books the names of 1,054 patients, 468 men and 586 women. Four of each sex, however, were out on trial, and 5 were boarded out under sec. 57, thus reducing the number actually in residence to 1,041. Of the total number on the books, 38 were in the private class, 36 " Service " patients and 2 " ex-Service." Out-county cases numbered 3 only. Pressure of work in other directions has, up to the present, prevented the revision of existing calculations showing the accommodation for patients in this hospital. The matter, however, has not been lost sight of. Existing figures seem to indicate some extent of overcrowding on both sides of the institution, 11 male patients and 24 female patients being now resident in excess of the accommodation as estimated in a return made to our Board in January last. In view of the facts that during the last seven years there has been a nett increase in admissions over discharges, transfers and deaths (the number remaining on the registers on December 31st, 1919, being 855 and the number on the same date in 1925 being 1,048), and that the removals to Red Hall will only be 20 or 22 at most, it is clear that the position is a serious one in view of future needs, and calls for anxious consideration.

The weekly maintenance charge per head for home patients is 21*s.* and for out-county patients 26*s.* The average weekly maintenance cost as last ascertained being 20*s.* 5½*d.* per head per week.

Parole is allowed to 41 patients beyond the estate and to 52 within, This, however, does not fully represent the amount of freedom granted to patients, as we understand that all who can be trusted are allowed temporary leave from time to time in the care of friends for day or week-end absences.

We were pleased during our visit to the wards to note the friendly terms existing between patients and medical and nursing staff. The contentment of patients and their quiet and orderly behaviour was very marked. We gave many semi-private and 3 private interviews on request, but found no cause for any definite action in regard to any one of them. Their general health was good, and the result of enquiries indicated that the records of weights are generally satisfactory. Only very few were under treatment for sickness, and this, in practically all cases, was of a chronic character. Only 9 cases were under treatment for tuberculosis,

2 men and 7 women, and all were being given the benefit of open-air treatment. There was no dysentery or other infectious disease except 4 cases convalescent from diphtheria. Every possible endeavour has been made to trace the origin of this small outbreak, but so far without success.

Of the 35 deaths, 9 were due to general paralysis and 6 to pneumonia, the remainder giving no material for special comment, all, with one exception, a case of shock resulting from an accidental fall, being due to natural causes.

There was only one serious but non-fatal casualty, a fracture sustained during a quarrel between patients.

Careful consideration appears to be given to the supply to patients of an adequate and varied dietary. We saw a capital dinner being served yesterday, consisting of a potato and meat pie, followed by suet pudding, which was sufficient in quantity and served hot and on hot plates. This satisfactory service of hot food was largely due to the use of an admirably designed food trolley on the principle of a non-conducting jacket for the conveyance of food from kitchen to wards. Commendation is due to Mr. Speechley, the clerk of works, for his ingenuity in designing and carrying out this most valuable accessory. We consider it to be one of the most effective contrivances for the purpose we have seen. We thought also that the kitchen was well equipped with the most modern conveniences for the preparation of food, lacking only for perfection a draw plate oven.

The ward staff now consists of 66 male and 70 female nurses for day duty and 8 of the former and 7 of the latter for night. A new matron has been recently appointed, who is doubly qualified in General Hospital and Mental nursing. Nineteen of the ward staff are certificated or registered as mental nurses and 20 have passed the preliminary examination for qualification.

Dr. Macarthur has the help of Drs. N. K. Henderson and Jessie Hunter as his permanent assistant medical officers, and Dr. Lang is at present acting in a temporary capacity in the place of Dr. Henderson, who is away on study leave. We are glad to note the appointment of a consulting physician and a consulting surgeon, and that full advantage is taken of the services of the visiting dentist.

Having regard to the size and importance of this institution, we are strongly of opinion that a third permanent medical officer is essential to the proper medical care of the patients. Two medical officers only are barely sufficient to cope with the routine work necessary to be done in a population of over 1,000 patients, and this number is quite insufficient to permit of the introduction of many forms of intensive treatment of some forms of mental disorder now practised in some other mental hospitals of this character; for example, it is impossible to suggest the addition of a pathological laboratory to the equipment of this hospital, or the treatment of general paralysis by induced malaria, in the absence of a sufficiently strong medical staff for purposes of supervision and control. We venture to hope that the Committee will give this matter their favourable consideration.

In conclusion, we desire to congratulate the Committee on the general condition of the hospital under the efficient control of Dr. Macarthur, and on the progressive spirit that our inspection has made clear to us.

Lincolnshire Mental Hospitals.—2. Kesteven.

March 20th, 1926.

We found on our visit to-day 473 persons under care in this Mental Hospital, a number, with the exception of one case out on trial, which represents the total number of names on the statutory books. Since the last visit of a member of our Board 69 patients have been admitted, 3 have been transferred to other care, 24 have been discharged, and 25 have

died. The majority of admissions have been received from Poor Law Institutions, a large proportion being of senile type. Fifteen of the discharges were released on recovery, a similar number having been allowed out on trial as a test of fitness before discharge. Of the 474 persons on the statutory books 206 are out-county cases, chargeable to Peterborough in the case of 144, Grantham in 51, West Ham in 7, Holland County Council in 3, and Boston in one. According to the estimate of the total accommodation supplied to our Board in January last, there are vacancies for two patients on the male side and an excess of 26 in the number of female patients. There are at present 41 private patients under care, 16 of whom are in the "Service" or "ex-Service" classes. The maintenance rate for home patients is 20*s.* per head per week, for out-county cases 24*s.* and the charges for private patients vary from 31*s.* 6*d.* to 42*s.*

We found the patients neatly clad, contented and free from complaint except such as was obviously due to mental disorder. The general health throughout was good, the few patients in bed being under treatment for mental reasons for the most part, or suffering from debility or chronic affection. The deaths since the last visit were all due to natural causes and call for no comment. One casualty only has taken place, a case of wrist fracture due to an accidental fall.

Many additions have been made to the dietary of late with the result that it is now good and suitably varied from week to week. The dinner we saw to-day was satisfactory in quantity and quality. As we saw it served in one of the wards we thought that there was some room for improvement in some of the details of the service. It seemed to us, for instance, that a serving table in the ward would be more convenient than the present arrangements, and we feel very strongly that some means should be adopted to secure the proper warming of plates. Some mental hospitals have found the instalment of a small electric plate warmer in the ward kitchens a great advantage. We were pleased generally with the kitchen and its equipment, with its cleanliness and the care that is obviously taken to maintain it in this state. We think the Committee should seriously consider the installation of a Hobart machine in this department, which, from experience, would prove economical and would add greatly to the facilities for the preparation and variation of food.

We found the building well maintained in all respects, the day rooms clean and orderly in appearance and bright with flowers and plants, and the beds and bedding satisfactory throughout. We noted that although night dresses are supplied on the female side, night shirts are not supplied generally on the male side. Although we were informed that there is a reluctance on the part of many patients to use these garments, we think they should be available for those who will use them, and every effort should be made to encourage the use of them by all. We were glad to note that wireless reception is available in some wards for the entertainment of the patients, and, on the ground that adequate provision of means for amusement tends greatly to contentment, we hope the Committee will before long see their way to instal a cinematograph apparatus, which has proved so popular at other similar institutions. Reference was made by our colleague on his last visit to the large size of the two ward gardens and the desirability of dividing them for better classification. We are glad to hear that there is a prospect of some action being taken in this direction, when some verandahs, plans of which are now under construction, are erected. We think also that these gardens would be greatly improved by the planting of trees to provide shade in summer, and flowers and flowering shrubs.

The ward staff consists of 29 male and 27 female nurses for day and 4 of each sex for night duty. Of the total of 64 officers, 17 are certificated or registered as mental nurses and 6 have passed the preliminary examination for qualification.

Dr. Macphail has the help of Dr. Spence as his assistant medical officer. He can obtain consulting aid at any time necessary from Grantham and Lincoln, and he has the services of a dental surgeon at his disposal fortnightly.

We regard this as a small but well-found institution, and one that is conducted ably and well and in the best interests of the patients.

London County Mental Hospital.—1. *Banstead.*

November 19th, 1926.

Since the visit paid on behalf of our Board to this institution at the end of last year, Dr. Spark has relinquished the post of medical superintendent after 5 years' service as such. On behalf of our Board we wish him many years of health to enjoy his well-earned rest. Dr. A. W. Petrie was on the 1st February last appointed to succeed Dr. Spark. He had lately been the deputy superintendent at the Maudsley Hospital and had had some years previously service in the London Mental Hospitals' service. We wish him every success in his new post.

During yesterday and this morning we have visited all the wards and various departments of this large institution, including the workshops, farm and gardens, and can report that it continues to be well administered and carried on for the welfare of the patients.

The following numerical changes have taken place during the last 11 months:—

	Males.	Females.	Total.
Admitted - - - - -	299	225	524
of whom from West Park M.H.	172	—	172
Transferred to other care - -	25	197	222
of whom to West Park M.H. -	—	175	175
Recovered - - - - -	21	61	82
Dealt with under s. 25 - -	8	9	17
Dealt with under s. 79 - -	14	28	42
Allowed out on trial - - -	27	85	112
Granted allowances - - -	17	33	50
Died - - - - - -	47	82	129

There are now on the statutory books the names of 836 males and 1,203 females, a total of 2,039 patients. Of these 125 men and 14 women are classified as private patients, 114 of the former sex being of the "Service" or "ex-Service" class.

There are 13 patients—3 male and 10 female—chargeable to 12 various out-county unions.

The weekly maintenance charge is for the County of London patients 28*s.* 7*d.* and for those of the private class from that amount to 32*s.* 4*d.*

The average weekly maintenance cost as last ascertained was 27*s.* $6\frac{3}{4}$*d.*

Two men and 3 women are out on trial, leaving 2,034 patients in residence, 834 on the male side and 1,200 on the female. The hospital is practically full, the present accommodation being for 844 males and 1,208 females.

The work of reconstructing the large wards is progressing well. Blocks J and K on the male side have been finished and are in occupation. Male block M is in the hands of the contractors, and will be probably finished in March next. Female block B is nearing completion and will be handed back on the 15th of next month, when block C will be given over to the contractors, and in January block D.

We understand that the question of the provision of an admission hospital has been agreed to in principle by the Committee, and we hope that the erection of it will be proceeded with as soon as possible. The present admission wards are being put to the best use under the circum-

stances, but there are no verandahs on the female side, and those on the male are so awkwardly placed as to be difficult to make the best use of.

We are informed that the provision of continuous baths has been postponed pending the erection of an admission hospital.

Of the recommendations and suggestions made in the last report the following have been adopted—an industrial trainer and patients' friend have been appointed; the lighting has been improved, but we regret that the Committee have not yet decided to instal electric lighting; steam heating has been improved by the erection of a new Lancashire boiler, and four more new ones are to be provided.

A cinematograph is to be installed and a steam press for the men's clothing is to be placed in the laundry. The number of bed tables has been increased in the infirmary wards.

We noticed that there are still no letter boxes in the day rooms and no hand towels in the lavatories. We think that these lavatories should always be kept open and soap available, and not shut up as we found in some cases.

We yesterday saw the dinner being partaken of in some of the female wards. It consisted of boiled meat with two vegetables, followed by blanc mange pudding with stewed pears. The meal was a good one and appreciated by the patients. We noticed, however, that in several of the wards mugs or glasses and water were not put on the tables.

The day rooms and galleries generally were tidily kept and well supplied with books, papers and other objects to interest the patients.

The old bowling alley is being converted into a range of workshops, and Dr. Petrie proposes to start mat and basket making and french polishing.

To the best of our belief we have seen all the patients in residence and given them an opportunity of speaking with us. Generally, we found them contented and free from complaints, and, except in some of the wards on the female side where the more turbulent patients were and in the large wards, there was an absence of noise and excitement.

The condition of the patients as regards their dress and personal appearance was satisfactory.

The health of the patients appeared to be satisfactory, and, as far as we could judge, the sick appeared to be receiving careful nursing, but it was somewhat surprising to find that 12 males and 7 females had suffered from bed sores at the time of death, all except 3 of which were contracted after admission. We might again suggest treatment by ozone for these and other septic conditions.

Dysentery has attacked 5 women and one man, and 12 women and 2 men have had diarrhœa of a severe nature. It is possible that some of these diarrhœa cases were cases of dysentery, and we are glad to hear that bacteriological tests are now held in the laboratory in every case so that in future there should be no difficulty in making a correct diagnosis.

Apart from this and from a few cases of influenza there has been no epidemic disease.

The known tubercular patients number 34, 20 women and 14 men, and they are as far as possible segregated in special wards, but it is unfortunate that there are no facilities for their treatment apart from others in the open air. Perhaps the Committee will consider this question when the opportunity occurs.

The chief causes of the 129 deaths were heart disease in 37 instances, general paralysis in 24, pneumonia in 16, and tuberculosis in 10, and the cause was verified by post mortem examination in all but 4 cases.

Inquests have been held concerning the deaths of 4 patients, but no points of interest emerge in any of them.

In the laboratory increased work is being undertaken, and Dr. Petrie hopes, when he can spare the time, greatly to increase its scope and to make the work done there a prominent feature of the hospital. We hope

the Committee will assist him by appointing a fully trained technical assistant to work under the medical staff.

Mechanical restraint has been employed on 5 male and 3 female patients on 25 and 24 occasions respectively to prevent self injury, and 17 males and 131 females have been secluded for a total of 2,275 hours in all.

The present nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	31	32	63
Ordinary - - - - -	105	117	222
Night - - - - - -	13	24	37
Certificated or registered - -	79	60	139
Passed preliminary examination	22	36	58

We thought that in some of the large wards, particularly in C on the female side, the number of nurses on duty was insufficient, and we were glad to hear that the whole question of the permanent staff establishment is now receiving careful consideration.

Dr. Petrie has to assist him Dr. G. A. Lilley as deputy superintendent, and six other medical officers.

London County Mental Hospitals.—2. Bexley.

May 19th, 1926.

We started our inspection of this hospital yesterday morning, spending a long day here, and have completed it to-day. Sorry as we were to find that Dr. Clarke was away on leave, we have received every possible assistance in our work from Dr. Brander and the medical staff and other officers. We made a close inspection of all parts of the hospital, including the farm and workshops, and it is with pleasure that we are able to record that we found everything in good order and have the satisfactory feeling that the hospital continues to be thoroughly well administered.

Since the last visit of members of our Board, 206 patients have been admitted, 28 have been transferred to other care, 83 have been discharged, of whom 52 had recovered, and 89 have died. These changes leave on the statutory books the names of 1,054 males and 1,118 females, a total of 2,172, and of this total 3 men and 13 women were out on trial at the time of our visit, leaving in residence 1,051 males and 1,105 females, total 2,156. Of the 83 discharges 1 woman was dealt with under sec. 25 and 5 men and 19 women under sec. 79 of the Lunacy Act, 1890. Sixty patients have been allowed out on trial, money allowances being granted in 39 cases. The private patients number 141, 33 being women and 91 " Service " and " ex-Service" patients. There are 9 out-county patients.

Having regard to the estimated day and night space per patient as returned to our Board in January of this year, there is overcrowding in the hospital to the extent of 37 on the male side and 34 on the female side.

During the course of our inspection we believe we have seen all the patients in residence and have given all an opportunity of talking to us, an opportunity which a large number availed themselves of. Except upon the question of detention we received no complaints from the patients, and those that asked for their discharge were not yet in our opinion sufficiently well to be allowed out in the world. The patients were well clothed, clean, and appeared to be for the most part happy and contented. The day yesterday was wet and gloomy and we saw most of the patients in the wards, and though there was some little noise in the wards set apart for the more turbulent patients their conduct on the whole was very orderly. We saw a very nice dinner being served in some of the wards, consisting of boiled beef and potatoes, cabbage or artichokes, with a baked jam roll to follow. We were particularly glad to see in the workroom on the female

side an occupation officer at work giving instruction in knitting, raffia work, wool work and other things to female patients who were otherwise unemployable. Some of these patients appeared to be making good progress and to be enjoying the work.

There are signs in parts of the hospital of the necessity for some redecoration, and we hope that before long it may be found possible to overtake the arrears in this direction.

We were both a little disappointed at the very meagre display of books in all the wards with one exception, and we were not altogether satisfied that the explanation given to us by the attendants, namely, that they were being read by the patients, was sufficient to account for the emptiness of the shelves. We should like to see the shelves really well filled with books and plenty of old magazines and some picture papers about the wards—the weekly edition of the " Daily Graphic " is a publication which is most popular at some hospitals we have visited, and we venture to suggest its introduction here. We were interested to see the canary breeding room, and we are sure that large cages of canaries in the wards give much pleasure to some of the patients. We were very pleased to see the private lockers in some of the ward corridors, and hope the Committee may see their way to increase the number, which would dispose to some extent of a criticism which we think is right to make with regard to the lack of facilities for keeping private toilet requisites, particularly tooth brushes. These, we are told, are generally carried about in the patients' pockets, a plan which does not commend itself to us. We noticed that letter boxes are supplied in some only of the wards; we should like to see every ward supplied with a letter box, preferably one with a glass front. We were very interested to see the small gardens, some of them very bright and nicely kept by the patients, and where they can grow lettuces, radishes, vegetable marrows and other plants.

In the kitchen we saw the new draw plate oven in use, which we are glad to hear is giving great satisfaction. We noticed that there was no basin close to the kitchen lavatory, and we should like the possibility of fixing one, reset to the lavatories where there is now a disused urinal, to be considered.

In the female general bathroom we were glad to see that 8 new slipper baths are being added in addition to 6 spray baths now existing.

Amongst other improvements and additions completed or in progress are a motor cycle shed for male staff, conversion of a bathroom at East Villa for use as a single room, an arrangement for hot plate carving tables in the kitchen and an installation of hot water at the bailiff's house.

In the workshops we saw some real work being done by patients, though we understand that it is becoming increasingly difficult to get skilled workmen in the bootmaker's and other shops. We were interested to see the dry cleaning room, and are glad to hear that there is a possibility of a steam clothes press being added to the equipment, an addition which, if it materializes, we are sure will soon prove its worth.

Among the deaths is one case of suicide, one due to fractured ribs sustained previously to admission and one due to a fractured skull caused by falling in a fit; the circumstances were in each case fully reported to our Board at the time and in all three an inquest was held. Otherwise the 36 male and 53 female deaths were all due to natural causes, verified in the excellent proportion of 95 per cent. by post mortem examination. Commendable effort is evidently made to utilize these examinations for scientific purposes. Apart from the above-mentioned three cases, the only cause of death perhaps calling for allusion here is that of pneumonia, of which there were 20 fatal cases, all but 2 of them being women, so that as many as 33 per cent. of the female deaths were due to that cause, associated to some extent, we understand, with influenza. These cases of pneumonia nearly all occurred during 1926.

The death rate, 6·2 per cent. during 1925, was satisfactorily low, especially on the women's side, where it was 4·5 per cent in contrast with 7·9 per cent. on the male side. There has been a solitary case of dysentery and there is at present a case of chicken pox under treatment. The incidence, therefore, of infective disorders, exclusive of tuberculosis, has been very small. Of the last-named disease, besides one member of the male staff, there are 24 on the male and 22 on the female side under observation and treatment as actual or suspected cases, of which 11 of the men and 13 of the women are in bed. Though 46 is a considerably higher number than in many mental hospitals of corresponding size, it is explained, we believe, rather by the efforts made here to note these cases in an early stage than by any actual heaviness of incidence—a view that is supported by the facts that among the deaths only 2 male and 8 female cases were due to tuberculosis, and that its mortality per 1,000 of the patients in residence is considerably less than the average for the country. In this connection and inquiring as we did into the nature of the illness of each patient in bed, we formed the impression that there is real need for more verandah accommodation, a fact which we feel sure will not be overlooked when opportunity is favourable. The number of patients in bed was 72 men and 95 women; that is, 7·7 per cent. of the total in residence. We are satisfied that they were in receipt of first class hospital treatment, and we were particularly glad to observe that the laboratory is freely utilized in connection with clinical work. We wish, however, this large hospital possessed an X-ray apparatus of its own instead of being dependent upon the use of a travelling one; we feel sure that, were one at all times available, its possession would be found to be amply justified.

Cases of fractures of bones or other more or less serious nature have been rather more numerous than is average here. Including two instances of self-inflicted wounds of the neck and a case in which a patient fell while making a rush at a male nurse, there have been 20 cases, of these 6 took place during altercations with fellow patients, the rest being entirely accidental in origin.

The nursing staff now consists of 349, of whom 30 male and 41 females hold charge and chief charge rank. Ninety-seven males and 137 females hold ordinary rank, and 19 of the former and 25 of the latter sex are available for night duty. Eight female nurses by day and 1 by night are employed on the male side.

We have spoken above of the overcrowding of patients in the hospital, and this point, coupled with the fact that one male ward has been converted into cubicles for the use of the female staff, leads us to the conclusion that something must be done in the immediate future to relieve this pressure. We are glad, therefore, to hear that there is a possibility of the question of further accommodation for female nurses being considered. We hope, therefore, that the matter will be considered from a broad point of view, and that the question as to whether a complete nurses' home will not really be the best and most economical solution of the difficulty will be most carefully considered. It is satisfactory to note that at the end of last year 67 per cent. of the male and 35 per cent. of the female nursing staff had obtained the certificate of the Medico-Psychological Association, and that 20 per cent. of the former and 16 per cent. of the latter had passed the preliminary examination.

Four wards on each side of the hospital are administered upon the open-door principle, and although it is not felt practicable to give the women as much liberty as to men to walk at will about the grounds, 61 women have this privilege, which is accorded to no less than 327, or 31 per cent., of the men. The selection of suitable cases for this excellent practice is a responsible task, and it means that the doctors must know their patients well and that they and the nursing staff must be on good terms with them.

The resident medical staff comprises the superintendent, the deputy superintendent and seven others, the post of senior assistant on the male side being at present vacant. Three of the staff hold the diploma in Psychological Medicine and others are studying for it. A dental surgeon visits weekly. It is with great satisfaction that we learn of efforts in progress to arrange with a hospital of one of the London Medical Schools for the services of a staff of Visiting Specialists being available. We much hope that these efforts will mature, and that in turn it may lead to the expert knowledge in mental disorders possessed by the senior members of the Bexley staff being available for out-patient work at the general hospital in question.

London Mental Hospitals.—3. *Cane Hill.*

November 17th, 1926.

Since the last visit paid to this institution on behalf of our Board, the following numerical changes have occurred among the patients:—

	Males.	Females.	Total.
Admitted - - - - -	211	237	448
Transferred to other care - -	19	28	47
Discharged - - - - -	96	106	202
of whom recovered - - -	31	39	70
of whom dealt with under s. 25	6	4	10
of whom dealt with under s. 79	14	22	36
Allowed out on trial - - -	44	75	119
of whom granted allowances -	28	35	63
Died - - - - - - -	92	106	198

There were, when we commenced our visit yesterday, on the books the names of 2,127 patients in the proportion of 882 males to 1,245 females; of these 116 men and 29 women are classified as private patients, 105 of the former being of the " Service " or " ex-Service " class.

Two of each sex are chargeable to out-county unions.

The weekly maintenance rate is for the County of London patients 28*s.* 7*d.* and for those of the private class from that amount to 32*s.* 8*d.* The average weekly cost as last ascertained was 26*s.* 5·5*d.*

Ten patients—6 men and 4 women—are now out on trial.

The total accommodation as in the last return made to our Board is for 824 male patients by day and 846 by night, and for 1,187 female patients by day and 1,224 by night. There is still, therefore, considerable overcrowding on both sides, and it was especially noticeable in female wards H and K. It is hoped that when the alterations at one of the other London County Hospitals are completed adjustments of the accommodation here will be made. One way also of giving some additional rooms for patients would be the provision of a nurses' home, which is much needed here.

To the best of our belief we have seen all the patients in residence, and given them an opportunity of stating any grievances to us. Generally we found them contented and well conducted, and apart from appeals for discharge we received no complaints, except in a few cases which were the outcome of their mental state.

Parole is given to 118 men but to none of the women. One villa and two wards on either side are administered on the open-door principle.

The dress and personal appearance of both sexes were satisfactory, and the condition of their beds and bedding was clean and tidily arranged.

The day rooms and galleries were well kept, and there was a good supply of books, papers and games. Plants and flowers, too, were well distributed throughout the wards.

Several of the recommendations in the last report have been adopted, and letter boxes and new notices as to correspondence have been placed in all the wards. Additional bed tables have been provided, and curtains

have been hung between the baths in the female general bathroom and in F wards A and B.

The main kitchen has been redecorated and the ventilation improved. Electrical power has been supplied to the Hobart mixing machine.

Some additional plant has been installed to the laundry. We would recommend the provision of a steam press for the men's clothing which has to be washed.

A cinematograph has been provided in the Recreation Hall and connected with the electric main. At present no exhibition has been given to the patients.

The operating theatre and dental room have been lit with electric light.

The new annexe to the female admission hospital is practically complete and will shortly be brought into use, and similar additions to the male admission hospital have been commenced.

A beginning has been made in modernising the water closets on both sides. We suggest the advisability of providing pedal releases in the place of manual ones. We noticed some uncovered chain-pulls in the closets of M ward F.

A canteen has been started, but at present only supplies tobacco, cigarettes and sweets. We hope that it will be extended and a greater variety of articles provided.

Except for one case of dysentery on the male and a recent case of enteric fever on the female side, the hospital has been free from epidemic diseases. The patient attacked by enteric was at the time in H.1 ward, and after being treated for a few days in J.2 infirmary was, as soon as the disease was diagnosed, moved into isolation at the Cottage Hospital. We impressed on Dr. Pearn the necessity, in the event of another such case arising, of taking the strictest precautions to prevent any risk of the infection spreading.

The patients known to be suffering from tuberculosis number 15 men and 12 women, and for the most part they are segregated in the infirmaries or the Cottage Hospital. Caution cards do not appear to have been issued for all these patients, but as it is most important that the nursing staff should be thoroughly acquainted with their patients' conditions we hope cards will in future be issued in every case, and also for all patients who are known to have had enteric fever or dysentery, and that the cards should be kept in use until all danger of the patients infecting others can be disregarded.

We were satisfied that the nursing of the sick continues to be well and carefully carried out in the infirmary wards, but we should like to see greater use made of the verandahs for open-air treatment. We saw in the main building only one woman and two men on verandahs, though at the Cottage Hospital it was found possible to treat some 7 patients in the open air. Provided sufficient clothing and hot bottles are supplied, we see no reason why the verandahs should not be in continuous use by day and night with great benefit to the patients.

The chief causes of the 195 deaths were heart disease, senile decay, general paralysis of the insane and organic brain disease, and the cause was verified by post mortem examination in all but 14 instances.

Inquests were held concerning the deaths of 3 patients, two of whom died as the result of a suicidal act, one whilst in the hospital and the other after being allowed out on trial. These cases call for no further mention here.

The death rate for 1925 was the low one of 6 per cent., that for males being 7·3 and that for females 5 per cent.

There has been no employment of mechanical restraint. Four men and 27 women have been secluded for short periods.

The present nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	29	43	72
Ordinary - - - - -	109	148	257
Night - - - - - -	17	23	40
Certificated or registered - -	83	69	152
Passed preliminary examination	29	29	58

We were sorry to hear that Dr. Elgee, though we understand greatly improved in health, is still unfit for duty . He is about to go away for three months' sick leave, and we wish him a speedy return to good health. In his absence Dr. Pearn has been in charge of the hospital for the last nine months, and he has under him 7 medical officers on the permanent staff, one of whom is at present seconded to the Maudsley Hospital, and two *locum tenentes.*

London Mental Hospitals.—4. Claybury.

December 14th, 1926.

We have to-day completed the annual inspection on behalf of our Board of this large institution, and are pleased to report that it continues to be well maintained and ably administered for the treatment and welfare of those resident therein.

Since our colleagues' visit just over 18 months ago, the following numerical changes have taken place amongst the patients:—

	Males.	Females.	Total.
Admitted - - - - -	295	339	634
Transferred to other care - -	25	33	58
Discharged - - - - -	142	159	301
of whom recovered - - -	84	98	182
of whom dealt with under s. 25	5	10	15
of whom dealt with under s. 79	4	12	16
Allowed out on trial - - -	110	122	232
of whom granted allowances -	41	38	79
Died - - - - - -	115	142	257

There are now on the statutory books the names of 2,300 patients, 1,009 men and 1,291 women. Private patients number 239 males and 22 females; of the former sex 144 are of the "Service" class and 15 of the "ex-Service" class. There are 10 out-county patients chargeable to 7 various unions.

At present 10 men and 8 women are absent on trial, leaving 999 men and 1,283 women in residence. The average number resident during 1925 was 990 men and 1,280 women.

The total accommodation, having due regard to the proper space per patient, is for 988 on the male side and for 1,229 on the female side. Upon this calculation there is an excess of 11 male and 54 female patients. It is therefore gratifying to learn that the question of the provision of a nurses' home is before the Committee, which will restore to its proper use some female accommodation now used by the staff, and also that the plans for the erection of a female admission hospital for 50 patients have been sanctioned by the Minister of Health.

The weekly maintenance rate for the county patients is 28*s.* 7*d.* per head, and for those of the private class from that sum to 59*s.* 6*d.*

The average weekly maintenance cost for the county patients is 28*s.* 3·8*d.*, and for the private patients 50*s.* 9·6*d.*

During the course of our visit we have, we believe, seen all the patients in residence, and given them an opportunity of speaking with us and stating any grievance. Apart from appeals for discharge, which were about

the average number, we received no complaints as to treatment except in one or two instances, which were obviously the outcome of their mental state and had no foundation in fact. Generally, the patients of both sexes were very quiet and orderly in their conduct, and appeared very contented and on good terms with the nursing staff.

Their dress and personal appearance were satisfactory, and the use of the steam press for garments which have been washed has proved beneficial.

The beds and bedding in the dormitories and single rooms were well arranged and in clean and proper condition.

The wards are tidily kept and presented a comfortable appearance. Some redecoration has taken place, and we were glad to notice that light colours have been introduced, and hope that when the wards at present having dark varnished papers come to be redecorated lighter and brighter papers will be used.

Improvements and alterations which have taken place during the period under review include the addition of a verandah in the female isolation hospital and the opening of some of the single rooms there on to the verandah, the remodelling of the male admission ward N.1 and the male infirmary ward M.1, where a clinical room has been provided, as well as a surgery, where dressings can be carried out. A room has been set apart and ultra-violet ray apparatus provided. The old pathological museum has been converted into a chapel for Roman Catholic services, and rooms have been used in this building for the work carried on under the instruction of the occupation officer, who comes twice a week to the institution.

The suggestion by our colleagues as to the correspondence notices has been adopted, and in every ward there is now a special framed notice on the lines indicated by our Board. Further letter boxes have been provided and others are in course of being made. Bedside tables and lockers have been put in those dormitories where the patients are confined to bed, and prove a useful addition.

The death rate for the year ended the 31st of December last was 7·53 per cent.—8·78 for males and 6·56 for females—thus closely approximating to the averages for all institutions for the same period.

During the 18 months which have elapsed since our colleagues' visit on the 3rd June last year 115 males and 142 females have died.

With the exception of 2 patients—one male and one female—who died, one during and the other shortly after operations for the relief of grave abdominal conditions, all deaths were from natural causes.

The principal causes of death in order of frequency were the following: senile decay in 67 (males 26, females 41) or 26 per cent.; general paralysis in 37 or 14·4 per cent.; tuberculosis in 27 or 10 per cent.; pneumonia in 22 or 8·5 per cent.; exhaustion from severe psychoses in 20 or 7·7 per cent.; epilepsy in 13 or 5 per cent.; whilst the remaining causes of death were distributed in small numbers over a large variety of fatal conditions and diseases. It is satisfactory to note that there were no deaths from enteric fever during the period under review, and only 4 from dysentery. Post mortem examinations were made and the causes of death verified in 228 cases, or 88 per cent.

The general health of the hospital since the last visit appears to have been very satisfactory. No cases of influenza have had to be recorded, but there have been 4 cases of enteric fever among the patients and 2 among the staff, all of whom recovered, and at this date there are no cases of the disease. Also in the case of dysentery, from which 10 female patients suffered and 4 died, there are now no cases remaining.

Three male and 17 female patients are under treatment for tuberculosis under excellent conditions.

The general orderliness and good behaviour of the patients marked at our visit is supported by the small number of serious but not fatal casualties which have been recorded during the last 18 months. These casualties were only 11 in number, and all, with one exception, among the

female patients. All were fractures of bone, and all, with the exception of one case in which one patient pushed another, were due to accidental falls.

There has been no employment of mechanical restraint. Seclusion has been resorted to in the case of 35 males for a total duration of 2,099 hours, and in the case of 106 females for 1,095 hours.

The present nursing staff consists of—

	Males.	Females.	Total.
Chief charge - - - -	20	23	43
Charge - - - - -	20	24	44
Ordinary nurses - - - -	121	143	264
Night nurses - - - -	19	22	41

No women nurses are employed on the male side.

It is satisfactory to note that as many as 135 of the male nurses are certificated or registered as mental nurses, and 23 other male nurses have passed the preliminary examination. Seventy-three of the women nurses are certificated or registered, and 43 others have passed the preliminary.

Dr. Barham has the assistance of Dr. F. Paine as deputy superintendent and six other permanent medical officers, one of whom is at present seconded for study at the Maudsley Hospital, and of two medical officers on a temporary footing. The intimate knowledge of the patients possessed by the medical officers in charge of the cases and the minutely careful clinical records inspected show that a very high standard of efficiency is set and maintained here.

London County Mental Hospitals.—5. Colney Hatch.

July 17th, 1926.

There are many features in connection with this hospital which make a visit especially interesting and attractive.

With the many patients under care, whose types are so varied both in character and race, and with its combination of old and more modern accommodation, the administration and easy running of the institution make a heavy call on the resources of the medical and nursing staff.

We understand that we have seen the 1,002 males and 1,541 females—in all 2,543—who are in residence, and our inspection has satisfied us that the well-being and comfort of the inmates is carefully considered. The diet is good, the clothing suitable (the women's garments evidently receiving much consideration), the wards are well ordered, the amusements are not lost sight of and the occupations receive due attention. In regard to the last, we note with approval that an occupations officer has been appointed on the women's side, and that already fresh interest has been introduced. We desire to express our satisfaction that plans have been passed for the erection of a male admission hospital for 40 patients and to learn that the work will shortly be taken in hand. Proposed arrangements in regard to giving much needed further facilities for male bathing are before our Board, a start has been made in the supply of lockers for patients' personal articles, additions have been made to the laundry equipment, a new dough mixer and new troughs have been supplied to the bakehouse, and, in addition to general painting and decoration, the villas have been renovated throughout, and we understand that the supply of more bed tables and the addition of glass-topped hospital trolleys in the infirmaries have not been forgotten and will be introduced as occasion offers.

We are pleased also to see that the laundry ward is receiving attention; new windows have been introduced in one of its dormitories, and we assume that this is but a foretaste of its entire reconstruction. Although we have not had an opportunity of seeing the hospital after dark, we are

glad to learn that the general lighting of the wards has been greatly improved.

Since December 21st, 1925, there have been 234 admissions, there have been discharged (as distinct from those transferred to other care) 65, of whom 24 have recovered and 35 have been dealt with under s. 79. Trial has been given to 26, and to a half of them money allowances were made.

There are on the books 2,547 patients—males 1,003, females 1,544. Three patients are on trial and one male patient still kept on the books has escaped (a patient classed as criminal). As we know, the open-door and club ward principle prevails, and 3 men have full parole, whilst as many as 495—males 195, women 300—have a more limited freedom within the estate.

There are no vacancies—in fact a slight excess beyond the accommodation.

The maintenance rate for home and private patients is 28*s*. 7*d*.

There has been no mechanical restraint and only 6 patients have been in seclusion, and those but for 2 hours and 35 minutes in all.

The staff consists of—

Charge male nurses -	42	Charge female nurses	56
Ordinary - - -	136	Ordinary - - -	167

for day, and 16 and 17 respectively for night duty.

Male nurses certificated or registered as mental nurses number 250 (State registered 104, M.P. certificate 146), and 169 female nurses (64 and 105 respectively) are similarly certificated or registered. The preliminary examination of the Royal Medico-Psychological Association has been passed by 41 male and 30 female nurses.

The generally well nourished appearance of the patients and the good health which prevails justifies a conclusion, which is fully confirmed by enquiries, that the dietary is adequate in all respects and that living conditions are satisfactory.

The dietary which has stood the test of experience is the same as that adopted throughout the London County Hospitals.

Acute or serious sickness was little evident during our visit, nearly all cases treated in bed being persons suffering from senile or other debility, chronic diseases always to be found in institutions for the treatment of mental disorders, and patients under special nursing care for restlessness and excitement. Patients suffering from infectious disease or conditions of allied character were comparatively few in number, being represented by two cases convalescent from, or suspected of, typhoid, one case of dysentery and 40 cases of tuberculosis—16 males and 24 females—mostly inactive.

Since the last visit three persons have suffered from typhoid, one of whom died. The connection between these cases is not clear, but it seems probable that two, and possibly all, were introduced with food brought by friends. The absence of further cases as the result of intra-mural infection reflects credit upon the medical staff for their early diagnosis of each case and the preventive measures adopted.

After a considerable period of freedom, one or two cases of dysentery have given cause for anxiety. Here again, however, a full use of laboratory facilities—directed towards the recognition of early and chronic cases and their prompt isolation when discovered—have been successful in limiting the incidence. Whilst congratulating the medical officers upon their obvious success, we think their efforts would be greatly assisted by attention to a few intra-mural conditions. Although we were anxious that everything possible should be done to preserve the homely character of the wards, when health is not placed in jeopardy, we are glad to learn that the stuff coverings of settees and chair cushions are gradually being replaced by material of impervious character in wards containing low type faulty patients. We think also that it is desirable to plane and cover with hard wood that can be polished the worn ward tables now in such wards, or to

replace them as soon as possible, so that table cloths, which are a source of danger, may be dispensed with, that pedal releases to flushing cisterns in the w.c.s should be substituted for those now actuated by hand, and that vacuum extraction to remove dust from those wards where there are faulty patients should replace sweeping and "dusting."

We appreciated the care that is taken to secure the classification of patients according to their mental and physical state, and we considered the arrangements for the treatment of new admissions ideal on the female side, a condition that will be extended to the male side so soon as the admission hospital for that sex is in being. Sick persons on both sides were receiving adequate medical and nursing attention, the care taken in the treatment of general paralysis by induced malaria being especially pleasing.

During the period under review two inquests were held, one upon a death resulting from accident and a second in a case of suicide by burning, details of which were supplied to our Board at the time of the occurrences. With these exceptions all deaths were due to natural causes, no one of which calls for special comment.

The casualties, fractures all of them, were accidentally sustained.

Our visit has been a pleasant one, and we are very pleased with the prevailing conditions.

London Mental Hospitals.—6. *Hanwell.*

November 26th, 1926.

We have during yesterday and to-day paid the annual visit on behalf of our Board to this institution, and as a result of our inspection of all its departments can report that it continues to be well maintained and carried on for the welfare of the patients.

Since 9th November last year the following numerical changes have taken place amongst the patients:—

	Males.	Females.	Total.
Admitted	264	144	408
Transferred to other care	36	25	61
Discharged	83	54	137
of whom recovered	54	25	79
of whom dealt with under s. 25	12	12	24
of whom dealt with under s. 79	9	14	23
Allowed out on trial	66	33	99
of whom granted allowances	49	13	62
Died	102	81	183

There were on the statutory books when we commenced our visit the names of 2,423 patients, in the proportion of 1,047 males to 1,376 females. Of the former sex 143 are classified as private patients, 131 of them being of the "Service" or "ex-Service" class, and there are 26 female private patients.

There are 11 out-county patients chargeable to as many unions.

The present maintenance charge per head for the London County patients is 28*s.* 7*d.* a week, and that for those of the private class from that sum to 32*s.* 8*d.*

The average weekly maintenance cost as last ascertained was 27*s.* 1*d.*

At present 8 men and 7 women are out on trial, leaving 2,408 patients—1,039 men and 1,369 women—in residence. The total accommodation in the hospital is for 984 patients on the male and for 1,304 patients on the female side. There is therefore an excess of 55 males and 65 females, and it struck us that in some of the dormitories there was an overcrowding of beds. The average number of patients in residence during last year was 999 men and 1,430 women.

We are glad to know that the question of an admission hospital, convalescent wards and a nurses' home is under the consideration of the Visiting Committee and that sites for these have been selected.

To the best of our belief we have seen all the patients in residence and given them an opportunity of speaking with us and stating any grievances. Generally we found them contented and well behaved; and apart from appeals for discharge from those who were not yet fitted for it, we did not receive any complaint as to their treatment which was not obviously the outcome of their mental condition.

A good number of the patients are usefully employed, and since the last visit an occupation officer has been appointed, who visits the hospital two days a week and gives instruction in raffia work, leather work and wool work, and in addition, on the male side in ward 17, basket work and fret sawing is undertaken.

The dress and general appearance of the patients were satisfactory, and the provision of a steam clothes press, as suggested at the last visit, is being made.

The fabric of the institution generally is well maintained, and the day rooms and galleries tidily kept and well supplied with books, papers, games and objects of amusement and interest to the patients. Practically every ward is supplied with gramophones, and there are also some installations of wireless receiving sets.

Yesterday we saw the dinners served in some of the female wards, and to-day in one of the male wards, as well as the tea meal yesterday on the male side. The meals generally were well served and appeared of good quality and appreciated by the patients. All the wards now have gas-heated hot closets for warming the plates and keeping the meat warm whilst being carved.

Since the last visit the steam heating has been extended to male 18 and female 21 wards. However, yesterday, owing to the inferior quality of the coal in use and the necessity for keeping up a head of steam for use in the laundry and kitchen, the heating had to be disconnected in some of the wings, and the temperature in the wing of F ward 6 for instance was low.

Last evening we were glad to have had the opportunity of seeing the commencement of the patients' weekly dance and card parties. A good number were present and were evidently enjoying themselves.

On visiting the kitchen to-day, which is staffed by men, we found that the w.c. for their use was not in a proper state of cleanliness, and we recommend the provision of a lavatory basin near by so that the staff and patients employed in the kitchen may wash their hands after use of the w.c.

Since the last visit there have been 183 deaths (102 males and 81 females), giving the comparatively low mortality rate, calculated on the average number resident, of 7·5 per cent. With the exception of one case in which death was due to asphyxiation from inhalation of food during an epileptic fit, all were due to natural causes. In this particular case an inquest was held, and the verdict pronounced was in accordance with the medical evidence.

Among the causes of death senile decay was the principal, accounting for 51 or 28 per cent., general paralysis was next in importance, causing death in 19·6 per cent., and organic brain disease, other than general paralysis, in 23 or 12·5 per cent. The deaths from tuberculosis numbered only 10 or 5·4 per cent., and carcinoma of various organs in 9. Eight deaths were due to heart disease and only 3 from pneumonia, the remaining deaths being due to various physical diseases. The small proportion of deaths from pulmonary tuberculosis and pneumonia speak well for the general hygienic measures which have been adopted in this hospital. There were no deaths from either dysentery or enteric fever.

A bed sore existed at death in 8 males and only 2 females.

With the exception of 46 cases of pulmonary tuberculosis (10 males and 36 females) and 2 cases (both females) of dysentery, the hospital has been entirely free from disease of an epidemic or zymotic nature. Since the last visit, altogether there have been 14 cases of fractures of bones among the female patients and 5 cases among the male patients. In addition, there have been 2 cases of sprain and 2 cases of dislocation of joints, all among female patients. Of these 12 were due to accidental falls and 2 to falling during epileptic attacks, whilst 4 occurred during, or as the result of, struggles with other patients. In one case the cause of the fracture was unknown, and was the subject of a special enquiry by the Committee, who found that no blame was attached to the nurse in charge of the patient.

No patient has been mechanically restrained during the period under review, but 33 male and 125 female patients have required seclusion for varying short periods.

The number of female patients confined to bed for mental reasons, apart from those so placed for observation or clinical examination, appeared to us to be slightly on the high side, and was discussed by us with the medical staff.

The nursing staff consists of—

	Males.	Females.	Total.
Charge - - - - -	40	53	93
Ordinary - - - - -	125	143	268
Night - - - - - -	16	28	44
Certified or registered - -	131	122	253
Passed preliminary examination	29	43	72

Dr. Daniel has the assistance of 8 permanent medical officers, Dr. R. G. Riches, deputy superintendent, being in charge of the female division, and Dr. W. D. Sammon of the male division. One medical officer is seconded for study at the Maudsley Hospital, and a *locum tenens* is filling his place.

London Mental Hospitals.—7. Horton.

November 24th, 1926.

We began our annual inspection of this hospital yesterday morning and continued it to-day. As a result we are pleased to say that we have found everything in the usual excellent order. The buildings are well maintained and the wards and dormitories are clean, bright and well ventilated. Throughout the hospital we found the day rooms prettily decorated with flowers and plants, and we were particularly pleased to notice that the wards set aside for the more restive and turbulent patients were decorated in the same way and with the same care as those in which the quiet patients are housed. The beds and bedding were quite satisfactory, but we thought that in some of the dormitories on the female side there was some likelihood of the patients' nightdresses being mixed and of there being a difficulty in finding the nightdress belonging to an individual patient.

We found the patients generally very happy and contented, clean and suitably clothed. We spoke to all patients who showed any desire to talk to us, and gave private interviews to all who desired it. The names of the patients whom we saw in private (four females) we have entered in the patients' book.

Quite apart from the laundry, where 70 female patients were working, and the workroom, where there were 66 patients employed, we were pleased to see that a large number of patients were employed at some form of work or other in the day rooms on the female side, such as darning, mending and fancy work. We were glad, too, to see the excellent results

of the work carried on by the occupation officer, and to know that special efforts are made to help the patients who are most in need of having their interest revived in things apart from themselves. To this end prescriptions for occupation therapy have been introduced, and the treatment is given only under direct medical order. We believe this to be the best method yet devised, and we hope that a full report on the results will be prepared when the time is ripe. In the course of our visit we noticed posted in the day rooms a most excellent programme of entertainments on the Friday and Saturday of each week throughout the winter months.

As a result of the changes that have taken place since the last visit of two of our colleagues in December last, there are now on the books of the hospital the names of 271 male and 1,673 females, a total of 1,944; of these 16 are now out on trial, leaving in residence to-day a total of 1,928.

Fourteen male patients have parole beyond the estate and 177 men and 111 women within the boundaries of the estate.

Two male wards and 4 female villas are administered on the open-door system.

There are vacancies at present in this hospital for 5 female patients. The weekly maintenance charge per head is 28*s*. 7*d*. for home patients, for private list patients from 28*s*. 7*d*. to 32*s*. 8*d*., and for special private ward patients 36*s*. 2*d*.

There are no "Service" or "ex-Service" patients, and only 7 out-county patients.

There have been two cases of enteric fever amongst the women patients and one member of the staff has also been attacked, but it is thought that in all the cases the infection was introduced from without. Eight patients considered to be carriers of this disease are congregated in one ward, but we noticed that caution cards have not been issued to the nursing staff in regard to them. We think this should be done.

Apart from this the health of the patients has been good, and only 6 patients, one of whom is a private patient, are known to be suffering from tuberculosis.

We were satisfied that the sick are receiving most careful and skilled treatment in the well equipped infirmary wards, and we were much interested to hear from Col. Lord of the new system he is introducing so that the medical staff can work together as a team in the examination and treatment of recent and other cases. Elaborate case sheets for each speciality are now ready for use.

The organization of the hospital in regard to its medical and other aspects has been studied most carefully, and no pains have been spared to make its equipment equal to that of the best general hospitals. The various departments on the medical side have been mentioned more than once in previous entries, and now we need only say that improvements continue to be introduced from time to time, and that the medical staff continue to display the greatest interest in the work of each.

The 94 deaths were all due to natural causes, verified in all but 12 instances by post mortem examination. The death rate for 1925 was the low one of 4·6 per cent. There have been 21 serious casualties involving fractures or dislocation of bones, but all were due to falls or to the action of fellow patients.

The nursing staff consists of 9 male and 55 female nurses holding charge rank and 23 male and 214 women nurses for day, and 7 of the former and 31 of the latter for night duty. Eighteen men and 60 women are certificated or registered as mental nurses and 11 men and 60 women nurses have passed the preliminary examination.

Before finishing this entry we should like, on behalf of our Board, to take this opportunity of congratulating Col. Lord most heartily on being this year the President of the Royal Medico-Psychological Association. Col. Lord's work in the past, his interest in everything connected with psychological medicine and his continued endeavours to improve in all

possible ways the health and happiness of his patients, fully entitle him to occupy this important position, and no one could fill it more worthily.

London County Mental Hospitals.—8. Long Grove.

October 8th, 1926.

As a result of our inspection of this hospital during yesterday and to-day, we are glad to be able to say that it continues to be maintained in most excellent order. We were lucky in having two very fine days and in seeing the well-kept gardens and grounds, if not at the height of their beauty, at any rate looking extremely pretty and attractive.

A good deal of painting and decorating has been done and more was in progress at the time of our visit. Since the last visit of our colleagues in December, 1925, a new refrigerator plant has been installed. The wards and dormitories were clean and comfortable and the beds and bedding were in good condition. The day rooms were nicely furnished and well supplied with flowers, plants and pictures. We thought, however, that the supply of books in the book-shelves was very meagre in most of the wards, and particularly in A.2, C.2 and the male sanatorium; in the latter there were only two books, and so far as we could see this was not accounted for by a number of books being in use by patients. On making enquiries of the charge attendant, he produced 9 more books from his store, and said he kept them there to preserve them from destruction. We do not think that this can really be necessary, and should like to see all the book-shelves throughout the building well filled with books. Another matter which struck us in the day rooms was the absence of post boxes. We think it is important that patients should be able to post their own letters in a locked box in the ward (a box preferably with a glass front), and that the box should be cleared at regular times by some official. This recommendation is made solely with the idea of satisfying the more suspicious of the patients, who often believe that their letters to the Board of Control and elsewhere are held back, and casts no reflection of any sort upon the official whose duty it is to deal with patients' letters at the present time.

The patients themselves were nicely clothed and on the whole very contented, and they were very free from excitement or turbulence. We interviewed a large number of them at their request and gave private interviews to two male and one female patient.

During the course of our inspection we came upon a class under the charge of the occupation officer, who were engaged in raffia work and other simple occupations. We were also introduced to the lady visitor who, we were told, does much good work in endeavouring to keep patients in touch with their homes, friends and relations. We should much like to see something done to make the viewing room at the mortuary a rather more seemly and reverent place in which friends may see the bodies of deceased patients; we have seen elsewhere viewing rooms fitted up as small chapels, without any great expense being incurred, and we are convinced that a little trouble and expenditure to this end is well worth while. In passing through the mortuary to the viewing room we wondered whether the ventilation in the former was all that could be desired.

During the period under review 283 patients have been admitted, 65 have been transferred to other care, 104 have been discharged, and 110 have died. Of the discharges, 71 were discharged as recovered. These changes leave on the books the names of 2,122 patients, 1,092 being males and 1,030 females. At the time of our visit 3 male and 1 female were out on trial, so that the number actually in residence was 2,118. Seventy-one patients have been allowed out on trial, money allowances being granted in 28 cases. There are 202 private patients, 27 of these being women, 137 "Service" and 19 "ex-Service" patients. There are only 5 out-county patients. Parole is granted to 6 men beyond and to 242, or 22 per

cent., of the male patients, within the estate. Three male and two female villas are conducted on the open-door principle from 7 a.m. to dusk. Having regard to the day and night space per patient as returned to our Board in January last, the hospital is overcrowded to the extent of 14 on the male and 27 on the female side.

The weekly maintenance charge per head is 28*s*. 7*d*., the average maintenance cost for the year as last estimated being 25*s*. 10*d*.

There has been no mechanical restraint in the hospital.

The nursing staff consists of 29 male and 31 female nurses holding charge rank, 123 male and 131 female nurses on day, and 19 and 21 respectively on night duty. Thirteen male nurses are employed on the male side.

One hundred and one males (59 per cent.) and 38 females (20 per cent.) are certificated or registered as mental nurses, and 40 of the former and 22 of the latter sex have passed the preliminary examination.

The nursing staff includes a trained masseuse, who attends as required, and is at present giving treatment to 8 patients.

The original nurses' home being insufficient for present needs, 71 women nurses are accommodated in two first floor wards (H.2 and J.2) on the male side—45 in cubicles, 16 in single rooms, 6 in staff rooms and 4 in a day room. It is a matter, of course, primarily for the Committee's consideration, but we could not help thinking that, besides the resulting convenience and the setting free of two valuable units for 100 patients, it might prove a really economical step to erect another nurses' home. Such a step would also enable rooms to be arranged on modern lines for the several ranks of nurses.

We saw dinner and tea going on in the wards. They were capital meals and very nicely served. At the latter, besides bread and margarine and a slice of excellent ginger cake, we were glad to notice a ration of fresh fruit. Where so much attention has already been given to the dietary, we hesitate to make any further mention of it; but in order to make the porridge, which is given thrice weekly at breakfast, thoroughly liked, we would suggest an extra issue of milk sufficient for 2 oz. of it, cold, to be poured over the porridge when on the plates.

The death rate during last year was satisfactorily low—6·6 per cent.—being slightly lower among the women than on the male side. Among the deaths, 66 on the male and 44 on the female side since the last visit by Commissioners, was one due to the prolonged after effects of a gunshot wound sustained in the war and one due to meningitis following lumbar puncture. Both were the subjects of inquests. Otherwise all the 110 deaths were due to natural causes, verified in the very good proportion of 85 per cent. by post mortem examination. Observations at these examinations are carefully recorded, and indicate by their thoroughness that their importance is fully appreciated. As to individual causes of death, heart disease, in one form or another, was returned as the principal cause in 32 per cent.; general paralysis was the cause in as many as 30 per cent. of the male deaths, whereas there was only one death from this cause among the women. As cases of this disease we understand are specially provided for at certain of the Council's mental hospitals, we were a little surprised to find so many here—35 on the male and 7 on the female side according to last January's returns. Tuberculosis accounted for as many as 15 per cent. of the male but only 4 per cent. of the female deaths, and there are at present 8 patients of each sex known to be the subjects of this disease; this incidence, though not so high as in some mental hospitals, is considerable, but we have confidence that every effort will be made to reduce it.

The only other cases of infective disorders have been one of diphtheria, one of encephalitis lethargica and 9 (between February and July this year) of dysentery. All but one of these dysentery cases were in female patients; the male and two female cases proved fatal. Though there are at present no cases diagnosed as active dysentery, there are 6 women in F.1 with

loose stools which are being investigated bacteriologically. Our visit to this female ward, and subsequently to the sanatorium on the male side, led us to wish—a wish which has been previously expressed—that there were a corresponding detached unit (perhaps a smaller one) on the female side.

Apart from two minor fractures and dislocation of the shoulder, occurring three times in the same patient (he is an epileptic specially liable to this occurrence), there have been no serious casualties. This comparative freedom, extending over 10 months, testifies to the good care taken of the patients and to the tact of the nursing staff in avoiding struggles or in correctly dealing with them when such are unavoidable.

Omitting those in bed for the day for routine physical examination, there were 34 male and 67 female patients in bed; that is scarcely 5 per cent. of the total in residence—an unusually low proportion. They were being treated under best hospital conditions. It seems to us somewhat anomalous, however, that this large hospital, with its necessarily extensive medical requirements, should be mainly dependent on a neighbouring institution for dental and X-ray services. Every new admission should be reported on by the dental surgeon, and this, as well as other physical examination, should be done with the least possible disturbance to the patient. The lighting and ventilation of the padded room in C is a blemish which particularly struck one of us who has not previously visited here; by the erection of a small spur on the west side of this dormitory it could be conveniently located there, and the existing room might be converted into a store room.

A good programme of entertainments, cricket and football matches is maintained, and it was satisfactory to learn that a competent band and choir are also maintained. The attendance at the church services seems somewhat low—only 16 per cent. A monthly list of chants and hymns is posted in every ward, and we wondered whether, without any undue pressure against their inclinations, more patients might be induced to attend by weekly practices in the wards.

In addition to Dr. Ogilvy, the medical staff comprises 8 medical officers. Dr. J. E. Martin (deputy superintendent) and Dr. Poynder are the seniors on the female and male sides respectively. They, as well as the holders of the next three posts (Drs. F. R. Martin, Comerford and Stenhouse), each possess a diploma in Psychological Medicine.

London County Mental Hospitals.—9. West Park, Epsom.

December 9th, 1926.

This is the second visit which has been paid by members of our Board to West Park, the latest of the Epsom group of London Mental Hospitals to be opened. The first visit was paid about twelve months ago, and in the meantime much has been done to bring the resources of the hospital into full operation.

With the exception of one male and two female wards the whole of the hospital is in use, lockers are being fitted throughout the blocks where the patients can keep their personal articles, and notices are posted in all the wards to enable the inmates to see at a glance the various entertainments and amusements which are going on from day to day. Although it must necessarily be a long time before the laying out and planting of the gardens and grounds can be completed, and longer still before the full effect can be appreciated, this work is well in hand. In this connection we think there might well be an increase in the facilities for supplying plants and flowers for the decoration of the wards by additions to the greenhouses.

We visited the mortuary in the course of our visit, and could not but note the meagre accommodation provided for the viewing of bodies by the friends of patients who have died. We know how much reverential surroundings, in such circumstances, appeal to people, and hope that by

some rearrangement of the accommodation more suitable provision will be made.

We were very well pleased with the prevailing conditions throughout the hospital, with the general surroundings of the patients and with the care which is bestowed on their supervision and treatment. Those patients who had an insight into their conditions and who were able to appreciate and value what is being done for them were contented and without complaint of any kind. In a new institution such as this there are, of course, small details which crop up from time to time and the supply of which may tend to more homely and comfortable surroundings, but the only ones to which we would draw particular attention are the lack of rugs and bedside carpets, matters which can be easily remedied.

Dr. Roberts and his staff may well be congratulated upon their success in the administration of the institution and upon the result of their arduous work in bringing into active use the various units of this large hospital.

The medical work of the hospital is of a high standard and the clinical work in the wards is assisted by regular routine tests in the laboratory. The isolation hospital, which has been fitted up as a ward for the treatment of male patients suffering from general paralysis by induced malaria, has proved to be too small for the purpose, especially as general paralytics are received from Banstead and Long Grove, and one of the wards on the male side will replace it in future—at any rate during the winter months.

Post-encephalitic patients, who are received from all the London hospitals and in a few cases from other parts of the country, at present number 26 males and 14 females. These patients are, as far as possible, congregated in a special ward on each side of the building, and Dr. Harris, who is working in conjunction with Dr. McCowan, has been seconded to make a continuous study of their conditions.

The infirmary wards, in which all the sick patients are nursed, are well equipped, though we thought that extra bed tables and hot bottles are required, and the nursing appeared to us to be carried out in a careful and skilful manner. A masseuse attends on three days of the week only, but we understand it is at present under consideration as to whether her services should not be made whole time. We hope the Committee will see their way to grant this, especially as much of her time must be taken up with the few encephalitic patients.

Attached to the admission hospital are baths for continuous treatment, and in the centre of the main building are operating theatre and dental room, but so far no X-ray apparatus has been installed and no provision has been made for special forms of treatment, such as sunlight rays, electricity, etc. We should hope that later on a definite treatment centre will be arranged, preferably in some place where it will be easily accessible from all parts of the building. The hospital has been entirely free from epidemic disease, but the patients known to be suffering from tuberculosis number 21 men and 11 women.

All the 143 deaths, except 2 in which the cause was due to suicidal acts, were due to natural causes, and the cause was verified in all but 14 instances by post mortem examinations. Inquests were held concerning the two cases of suicide, and in neither case was blame attributed to any member of the staff.

An occupations officer has been appointed and a small room has been given her as a headquarters for her work, which for the most part is carried out in the wards. This work, which is in its infancy, has already made progress, and as we believe it to be a most valuable form of treatment we hope it will be pressed forward energetically, and that ample accommodation will be provided for its developments in the future.

Since November 16th, 1925, there have been 907 admissions, and of the 233 discharged, 111 have been on recovery. Those dealt with under s. 79 of the Lunacy Act number 46, and 106 patients have been

granted a trial. Those on the statutory books are males 967, females 763, in all 1,730—75 being private patients, of whom 47 are classed as "Service." There are 5 patients on trial, leaving in residence and seen (as we believe) by us 1,725—males 966 and females 759.

Full parole is allowed to 40 men, and as many as 370 patients—men 280, women 90—have liberty within the estate, whilst nearly 300 have been granted week-end leave under care of friends.

There appear to be vacancies for 366 patients—men 161, women 205.

The maintenance rate for home patients is 28*s.* 7*d.* and for private patients from 28*s.* 7*d.* to 32*s.* 8*d.*

There has been no mechanical restraint.

The nursing staff appeared to us to be sufficient, and 61 male and 59 female nurses are certificated or registered as mental nurses. The preliminary examination has been passed by 71 male and 42 female members of the staff.

Extra accommodation has been provided for about 60 women nurses.

Dr. Roberts is assisted by Dr. Connolly, the deputy superintendent, Dr. McCowan, Dr. Shepperd, Dr. Harris, Dr. Cook, Dr. Hinchco, Dr. Rees and Dr. Banbury.

The Superintendent, Dr. Roberts, and the four senior assistant medical officers hold the diploma for psychological medicine, and two of the others have taken the preliminary examination.

London Mental Hospitals.—10. *The Maudsley Hospital.*

November 22nd, 1926.

We have to-day visited this hospital and found everything in excellent order.

Since the last visit by one of our colleagues 579 patients have been admitted, 537 have been discharged and 18 have died. There are in residence to-day 109 female and 58 male patients, all of whom we saw.

We found the patients for the most part happy, comfortable and contented, and the conditions under which they were living appeared to us to be all that could be wished for. Those that were in bed were receiving the best possible medical and nursing care and attention, and we are satisfied that everything is being done not only for the restoration to health but for the comfort of the patients.

Some land has recently been acquired at the back of the hospital in which it is proposed to make a hard lawn tennis court.

The success which has attended the out-patient department has made the expansion of the premises available at present for this part of the work of the hospital very desirable.

Plans are about to be submitted to the Council for making the two bridges (which are to be used for open-air treatment by day and night) weather proof, which will add slightly to the accommodation available in the hospital.

Other small improvements include the duplication of hot water pipes in the single rooms and the replacing of a noisy sliding door at the foot of the staircase leading to the private patients' department, by a hinged door.

A good deal of redecorating has been done throughout the hospital with very good results.

The health of the patients has been good and there has been no infectious disease amongst them.

Medical officers of the Council's service continue to hold appointments here as clinical assistants, in batches of four, each three months, and there has been an increase in the number of voluntary clinical assistants, many of whom hold the post as part of the training for the diploma in psychological medicine.

The number of patients attending the out-patient department since the visit of our colleague is 1,434, of whom 430 were admitted to the wards. The number on the books of this department to-day is 204, consisting of 94 males, 10 children and 100 females.

The nursing staff consists of a matron, assistant matron, 6 sisters, 18 nursing sisters, 8 staff nurses, 14 probationer nurses, 3 male staff nurses and 9 male probationer nurses.

We are glad to hear that a temporary record clerk has been appointed as recommended by our colleague in the last report.

Middlesex Mental Hospitals.—1. *Springfield.*

December 13th, 1926.

The older mental hospitals—in which category this institution of early Victorian date may well be included—have not all the administrative advantages or ready means for classification which are now features of similar buildings of modern construction. We may say, however, that the utmost advantage is taken of the accommodation provided, and we know that ere long this hospital will not be behind hand in these respects, as it is hoped shortly to start on the erection of an admission hospital and convalescent villas, as well as a home for nurses.

With the comparatively small wards at this hospital it is possible to have a greater air of homely comfort than is capable of being effected where the wards are large, and this is a thing which is brought home to one when going through the various rooms. They are warm and comfortable, and except for a lack of books and bound illustrated papers in some of them, they are well furnished with articles for the patients' distraction and amusement. There has been a considerable improvement in regard to this deficiency, and we understand more books are on order.

The patients are very well clothed, and we are satisfied from our conversations with many of them that they are really a happy and contented colony. As much freedom as possible is allowed, and, as mentioned in the previous report, constant shopping parties are a feature of this hospital.

The lighting of the single rooms is gradually progressing, and a wireless installation as been fixed at the Cottage Hospital, a "glad iron" has been added to the laundry equipment and the heating of the theatre has been improved.

We have made some suggestions to Dr. Worth in regard to the provision of dwarf doors to the w.c.s at the annexe, the provision of washing basins in proximity to some of the sanitary conveniences, and, where not already in use, of a separate locked door to the part of the medicine cupboard where poisons are kept.

The hospital is throughout in excellent order, and we were very well pleased with the conditions which we found prevailing during our visit.

There have been 360 admissions since December 29th, 1925, and of the 170 discharges 146 were so dealt with on recovery; as many as 121 were allowed out on trial.

On the statutory books were 1,363 patients—males 518, females 845—of whom 56 are private patients, and there are 67 classed as "Service." There are 26 patients on trial, leaving in residence and seen, as we believe, by us 1,337—males 512, females 825.

According to the figures supplied, there are vacancies for 6 men, but overcrowding on the women's side to the extent of 45. The scheme for acquiring Kingston Poor Law Institution for the accommodation, as a temporary measure, of quiet chronic patients, would relieve this position.

The weekly rate for home patients is 24*s.* 6*d.* and for private patients from 43*s.* 9*d.* to 64*s.* 9*d.*

The staff consists of—

Charge male nurses -	27	Charge female nurses -	19
Ordinary - - -	50	Ordinary - - -	90

for day, and 13 and 14 respectively for night duty.

There are 53 male and 38 female nurses who are certificated or registered as mental nurses, and 21 and 22 of each class have passed the preliminary examination.

There has been no mechanical restraint.

There is at present one case of scarlet fever under treatment on the female side, and apart from this the hospital has been entirely free from epidemic disease, and only 5 patients, 3 males and 2 females, are known to be suffering from tuberculosis.

Those in bed on account of sickness were receiving all proper care and nursing attention in the well-equipped infirmary wards, and it was most satisfactory to see that an X-ray apparatus has been obtained and that a lamp for ultra-violet ray treatment has been installed and is now in use.

We believe the medical work, both in the wards and in the laboratory, to be of a high standard, and we have no doubt that the recent appointment of a technical assistant to work in the laboratory under the medical staff will be of great advantage. Clinical rooms off the wards are being increased in number, but the provision of continuous baths will not be undertaken until the new admission hospital is erected.

Three of the 117 deaths, which followed accidental fractures, were the subjects of inquests, but the remainder were all due to internal causes, and they call for no special comment here.

Post mortem examinations were only held in about 45 per cent of the deaths.

An occupation officer has not been appointed, but a nurse specially trained in raffia and basket work instructs and assists patients in these industries.

Dr. Worth has the assistance of Dr. Smith, deputy superintendent, Dr. Shore, Dr. Harris and Dr. Dick.

Middlesex Mental Hospitals.—2. Napsbury.

December 7th, 1926.

The recommendations and suggestions which were made at the last visit have all been considered and have, in part, been adopted and carried out.

A large increase has been made to the library, the books are more frequently changed, and the library has been receiving more attention at the hands of the new chaplain.

An addition has been made to the herd of cows with a consequent increase in the quantity of milk available, but there is still some use made of condensed milk, and we hope it will be gradually discontinued.

Capes are being replaced by overcoats, and some single rooms on the female side have been furnished as privilege rooms, a practice which it is hoped to extend to the men's quarters.

The hospital is in capital order and we have no comment to make except that the patients appeared to be well supervised; they were very well dressed and were, on the whole, well content with their treatment and surroundings. Not a few of the patients, whose condition was such that they could appreciate what is being done for them, spoke most favourably of the attention paid to their comfort and necessities.

A nurses' home will form a feature of this hospital in the near future, the infirmary wards are to be improved by alterations and additions to the verandahs, and the isolation hospital is to be converted into a sanatorium for the treatment of tubercular cases.

Since December 22nd, 1925, there have been 395 admissions, and of the 149 discharges, 94 were on recovery.

As a result of the changes which have taken place amongst the hospital population, there were 1,851 patients on the books and in residence—men 773, women 1,078—and these, we believe, we have seen in the course of our visit.

Private patients number 110, of whom 68 are classed as "Service."

There were 271 patients boarded out under reception contracts.

Villa A (and F.15) on the female side have been added to the wards which are administered on the open-door system. Twenty men have parole beyond the estate and 58 men and 101 women have a more limited freedom within the grounds.

According to the figures returned, there is overcrowding to the extent of 18 men and 11 women. The space available for patients has, we understand, been lately re-measured, but no record has been placed on small tablets in the wards as was suggested by our Board. It could be done at small cost, and we hope the Committee will give effect to the suggestion.

The maintenance rate for home patients is 24*s.* 6*d.* and for private patients 38*s.* 6*d.*

There has been no mechanical restraint.

The staff of male and female nurses appeared to be sufficient; 45 male nurses and 34 female nurses are certified or registered as mental nurses. The preliminary examination has been passed by 42 male and 23 female members of the nursing staff.

The dinners which we saw in course of being served yesterday and to-day appeared to be ample in quantity, and the patients, who made no complaint as to their diet, seemed to be well satisfied.

Except for one case of enteric fever on the female side in September last and a few cases of influenza, the patients have been free from epidemic disease.

Cases of enteric fever have occurred here from time to time for some years, and as a rule they appear to arise in either 9 or 13 female wards. We were glad to hear that serious efforts are being made by laboratory investigations to discover whether a carrier cannot be blamed for the infection. This work, and other investigations with regard to tuberculosis, cases of intestinal infection, etc., take up a very considerable time, and we would again press on the Committee the need for providing trained technical assistance for this work so that the scope of the laboratory may be extended to all cases where investigation may be of use for clinical diagnosis.

Unfortunately, tuberculosis has increased, and now 7 males and 26 females are known to be suffering from this disease, while 14 males and 15 females have died from this cause during the year. When the sanatorium is ready for these cases better segregation will be obtained for them than is now possible, but we would again call attention to the necessity for all patients to be given butter or fresh milk as a regular part of their diet. We believe the fresh milk supply is still inadequate.

The nursing, in the infirmary and admission wards, of those in bed on account of sickness or for mental reasons appeared to us to be excellently carried out, but we hope that, especially in these wards, a room may be set apart as a clinical room.

There are at present no facilities for hydrotherapy, X-ray light or other special treatments in the admission hospital, though there would appear to be ample space for their installation. We would ask the Committee to give these matters further consideration.

Except in 3 instances, all the 122 deaths were due to natural causes, and the cause was verified in all but 5 by post mortem examinations.

Inquests were held concerning the 3 excepted deaths, one of which was due to a suicidal act and the other 2 to accidental causes. In none of the cases was blame attached to the medical or nursing staff. Full information was given our Board concerning each, and they call for no further mention here, though we shall hope to publish some interesting facts about one of them at a later date.

The death rate for 1925 was again a low one, being 6·4 per cent. for males and 5·1 per cent. females, or a total of 5·6 per cent. for both sexes.

Dr. O'Neill has the assistance of Dr. Roberts, deputy superintendent, Dr. Beasley, Dr. Rees, Dr. Macdonald and Dr. Moody Jones.

Monmouthshire Mental Hospital.

July 23rd, 1926.

I may generally say that the various suggestions which have from time to time been made by members of the Board in regard to this hospital have received consideration. Some of them, though not unimportant, were as to minor details, others necessitate radical changes, rearrangement of wards, as well as reconstruction and additional buildings, all involving some considerable expenditure, and in a hospital designed and built at a date when other than the more modern views prevailed, they are by no means easy to accomplish. I am glad, therefore, to be in a position to say that a scheme will shortly be laid before the Committee for the reconstruction of a ward upon each side for the treatment of recent and recoverable cases, with verandahs, continuous baths and clinical rooms; arrangements for heating the single rooms will, it is hoped, also form part of this scheme.

The addition, too, of verandahs to the infirmary wards for the out-door treatment of tubercular patients will, I understand, also receive attention, though upon the male side considerable difficulties present themselves.

A bathroom is to be provided at the Home Farm, and the arrangements at Bowler's Barn for the patients' ablutions are as far as possible to be modernized.

Though it is not in contemplation at the moment to appoint a trained laboratory assistant, Dr. Phillips hopes that more use will be made of the laboratory; it has his entire sympathy, and I doubt not that before the next visit steps in this direction will have been taken.

I am very pleased to note that a consulting surgeon has been appointed —Dr. Morrell Thomas, M.S., F.R.C.S.E., of Newport.

With a view to improve the laundry equipment and so reducing the hours of work, a new calender has been authorized.

I think I have seen all the patients in residence at the main and outlying buildings, 1,181—males 603, females 578. Amongst them are a number of idiot children, for whom it is a pity that other and more appropriate accommodation cannot be found.

I am satisfied that the inmates of this hospital are duly and tactfully supervised and that much individual attention is given to their comfort and well-being. This is very evident on going through the wards, and one could not fail to be impressed by the intimate personal knowledge which Dr. Phillips has of his patients and with the friendly relations that exist between him and all of them.

I noticed that, whilst generally the patients are suitably clothed, the dresses of the women receive careful attention, both as to the style of the garments and variety of material.

All the women have cloaks, and the supply of night shirts for the men has not been overlooked, though as yet not an accomplished fact.

I visited the mortuary and made some suggestions which would, I think, make the conditions for viewing the bodies of deceased patients more seemly and reverential, and I have no doubt they will receive attention in the near future.

I also pointed out how advisable it was that the outside fire staircases should be lighted, and from a source unconnected with the lighting of the dormitories and wards.

Since December 14th, 1925, there have been 125 admissions, and of 51 who have been discharged, 35 had recovered.

Those allowed on trial numbered 41, and although in only 4 instances have money allowances been granted I am told that this statutory provision is never lost sight of.

There are 100 private patients and 44 classed as " Service " patients.

The number on the books of all classes is 1,190—males 610, females 580—of whom 6 men and 2 women are now on trial. There are 87 patients received from the London County Council, 52 from Swansea County Borough, and 2 from their respective unions.

Full parole is allowed to 33 males, and 80 men and 26 women have parole within the estate, and, as we know from former reports, the open door system prevails in suitable wards and out-lying houses.

There have been 55 deaths, 8 due to general paralysis, 10 to tuberculosis and 11 to heart disease.

The mortality rate per cent., calculated on the daily average number of patients resident during the year ending 31st December, 1925, was the low one of 6·4 per cent., males 8·1 per cent., females 4·6 per cent. Inquests were held in 4 cases—in one instance death was due to perforation of the wall of the stomach caused by the point of a lead pencil swallowed with suicidal intent; in another congestion of the lungs associated with a fractured femur (through being pushed down by a fellow patient) was the cause of death; in the third death was due to peritonitis consequent upon a perforated intestine, caused by the patient having swallowed boot-laces and hair, and the last was that of a patient who unexpectedly eluded the man in whose charge he was when returning from work and threw himself in front of a train, by which he was run over. All were duly reported at the time to the Board.

I saw 43 males and 45 women confined to bed; none were suffering from acute illness, and all were in receipt of proper nursing care.

There have been 9 cases of rubella and 23 of influenza and 1 of dysentery. These have been the only cases of epidemic or zymotic diesase.

There are at present 16 cases of tuberculosis, 8 of each sex, and 3 men and a like number of women are active cases.

The serious non-fatal casualties, 4 in number, call for no special mention.

The hospital is full on the women's side and there were 8 vacancies on the men's.

The weekly maintenance for home patients is 18*s*. 11½*d*. and for private patients from 19*s*. 6½*d*. to 42*s*.

Of mechanical restraint there has been none.

I saw a very good dinner yesterday served in the hall, and the patients generally have a well nourished appearance.

The staff consists of—

Charge male nurses -	20	Charge female nurses -	15
Ordinary - - -	49	Ordinary - - -	60

for day, and 7 and 9 respectively for night duty.

The certificated or registered male nurses number 37, female nurses 12, and 17 of the former and 13 of the latter class have passed the preliminary examination.

Dr. Phillips has as his colleagues to assist him in the treatment of the patients and the general administration of the hospital Dr. Lornie, deputy superintendent, Dr. David E. Jones and Dr. W. J. McCulley.

I should say, as may be gathered from this report, that I was well pleased with the conditions which I found prevailing, and with the evident sympathetic interest which is taken by Dr. Phillips in all that pertains to the care and treatment of those who are under his charge.

Norfolk Mental Hospital.

March 17th, 1926.

For the last two years the smooth working of this institution has been somewhat interfered with by extensive alterations in the sewage arrangements. The place has been practically redrained in order that all sewage shall be discharged into the City system, thus permitting the total abolition of the local sewage disposal system. The work is now nearing completion, and at the moment some three-quarters of the institution sewage has been diverted into the town sewers. Although the expenditure on this expensive work has perhaps somewhat delayed improvements that would otherwise have been undertaken, the work when finished will be of inestimable value to the institution as a whole. In addition, a large reservoir has been constructed to hold a reserve supply of water for use in case of fire, which, coupled with the arrangements which have been made with the Norwich Fire Brigade, will naturally aid in securing the safety of patients and building. Other works contemplated or in process are the addition of a verandah to one ward on the male side and the adaptation of this section for the purposes of an admission ward. The isolation hospital building on the female side is now also being provided with a verandah and undergoing some reconstruction to serve as an admission hospital for patients of that sex. We regard these efforts as a very satisfactory indication of the progressive policy of those responsible for the management of this large hospital.

In spite of the works now in progress we found the institution generally well maintained, and we were satisfied that all possible means were taken to minimize so far as possible inconvenience to patients consequent on unavoidable disorganization due to excavation work and the presence of large numbers of workmen.

We found the wards and dormitories well warmed, comfortable, orderly in appearance and (with one exception, No. 5 female ward) well supplied with books. We noticed, however, that some of the book cases were locked and others were opened only with difficulty without a key, and we thought that it would be an advantage if all the book case doors were fitted with knobs so that patients can without difficulty take out a book if so inclined. The dormitories were well ventilated and the beds and bedding very satisfactory.

Since the last visit of our colleagues in April, 1925, 190 patients have been admitted, 94 have been discharged, 10 have been transferred to other care and 49 have died. Of the 94 discharges, 84 were discharged on recovery and 8 have been dealt with under s. 79 of the Lunacy Act. It is satisfactory to note that 83 patients have been allowed out on trial to test their fitness for discharge. As the result of these changes there were on the statutory books yesterday, when we commenced our inspection, the names of 1,076 patients, 1,073 of whom were in residence, 3 being absent on trial. Of those in residence 428 were males and 645 females. According to the estimated accommodation as returned to our Board in January of the present year, these figures show vacancies on the male side for 72 cases and a surplus of 5 patients over the available accommodation on the female side. We understand, however, that a re-calculation of available cubic space and superficial area will be made at no distant date. Although the figures show overcrowding to the extent of 5 only on the female side, we thought that some of the dormitories showed distinct signs of crowding; our Board, therefore, will watch with interest the result of the new measurements. We are, however, satisfied that Dr. Connell is alive to the position, as he outlined to us a scheme for relieving congestion on the female side by the adaptation of an existing building for the reception of senile and chronic quiet cases.

The maintenance rate for home patients is 22*s.* 9*d.*, for out-county cases 26*s.* 3*d.* to 29*s.* 9*d.*, and 37*s.* 9*d.* for private patients. Out-county

cases now number 122, 95 of which are received from Gt. Yarmouth and 26 from Napsbury under contract. Including 52 " Service " and " ex-Service " patients, there are 53 in the private class.

We found the patients very contented, quiet and orderly in behaviour, clean and nicely dressed. They appeared to be generally in good health and were very free from complaint other than statements obviously due to mental disorder. In spite of the fact that in this agricultural neighbourhood a large number of patients are naturally employed in farm and garden work, it seemed to us that advantage would accrue to both patients and institution were a larger number of patients induced to attend at the workshops with a view to helping in or even learning some simple occupation there. To this end it has been found at some hospitals that the appointment of an occupation officer has proved very beneficial.

There were, of course, many cases in bed for senile and other debility suffering from chronic diseases associated with mental disorder and under special nursing care for mental reasons, but there was very little in the nature of acute sickness. Eight cases only were under treatment for tuberculosis in active form, and there was no case of dysentery or other infectious disease. All sick cases were receiving adequate nursing care and attention.

One patient died as a result of head wounds inflicted with a spanner by her husband before admission. The verdict of the jury at the inquest was one of wilful murder. The circumstances of this case and the details of another murder committed by the same man were fully reported to our Board at the time. The man was subsequently tried at the Norwich Assizes, sentenced to death, and hanged. With this exception all the 49 deaths were due to natural causes, there being nothing worthy of comment in regard to any of them. The casualties that have occurred have been 9 in number, 7 fractures and 2 other injuries, all accidentally sustained.

From the details supplied to us, supplemented by a description of the methods employed for securing variation, we were satisfied as to the sufficiency of the dietary. The only point we thought capable of improvement was the provision of a second course rather more often than is at present customary. The weight records fully support our view as to sufficiency. We found the kitchen well equipped, but suggest that full value of the Hobart machine cannot be obtained so long as it is in the stores and not in the kitchen.

We were pleased to learn that adequate arrangements have been made for the dental treatment of patients, and that the institution possesses the valuable services of a consulting surgeon, who is also a gynaecologist, and a consulting physician.

In view of the prominence that is now properly given to the physical side of the treatment of mental disorder, we regard these appointments as most valuable; we think, however, as we have had occasion to say elsewhere, that the time has now arrived when a hospital of this size and importance cannot be considered fully equipped without a properly fitted and suitably staffed pathological laboratory. Having seen here the valuable X-ray installation and other aids to treatment, we venture to hope that the Committee will seriously consider the desirability of including in their future programme the provision of this further undoubted want.

The ward staff now consists of 65 male and 78 female nurses for day and 10 of the former and 13 of the latter for night duty, making a total of 166; of this total 51 are certificated or registered as mental nurses and 25 have passed the preliminary examination for qualification. The nursing staff generally appeared to be well trained and efficient.

Dr. Connell has as his colleagues Commander A. W. B. Livesay and Dr. J. V. Morris.

Northamptonshire Mental Hospital.

February 10th, 1926.

We have to-day completed the inspection of this institution, which we commenced yesterday, and during the course of our visit have seen all the departments and the patients in residence.

Since our colleagues' visit ten months ago the following numerical changes have taken place among the patients:—

	Males.	Females.	Total.
Admitted - - - - -	55	53	108
Transferred to other care - -	4	3	7
Discharged - - - - -	13	28	41
of whom had recovered - -	9	13	22
of whom dealt with under s. 25	2	3	5
of whom dealt with under s. 79	1	11	12
Allowed out on trial - - -	8	13	21
Died - - - - - -	24	29	53

These changes leave on the books the names of 940 patients in the proportion of 454 men to 486 women; of these 52 men and 12 women are classified as private patients; of the former 43 are "Service" and 5 "ex-Service" patients.

Out-county patients number 282—129 males and 153 females—all chargeable to the Borough of Northampton.

The total accommodation in the hospital, estimated as in the return recently furnished to our Board, is for 443 patients on the male side and for 505 on the female. There are therefore at present on this calculation, and adjustment being made for 5 boys accommodated on the female side, an excess of 6 male patients and vacancies for 14 females. In two male dormitories we found 5 beds in each made up on the floor.

We are therefore glad to hear that the Committee have instructed the architects to make preliminary plans and estimates for further accommodation by the erection of a new admission block, a new convalescent block for each sex, a tuberculosis ward for female patients, a nurses' home and a house for the senior assistant medical officer.

The weekly maintenance charge is 18*s.* 8*d.* for the home patients and 21*s.*, 27*s.* 5*d.* or 37*s.* 11*d.* for those of the private class. The average weekly maintenance cost for the year as last ascertained was 18*s.* $0\frac{5}{8}$*d.*

All the patients whose names are on the books are in residence with the exception of one woman who is out on trial. We saw the patients in the wards, in the gardens, and at their work in the various departments. Generally they were quite contented and free from complaints as to their treatment. We received about the usual number of appeals for discharge, but few, if any, were really fit for it. We notice that some patients have been discharged under the provisions of s. 79 of the Lunacy Act, 1890, to the care of their friends, and also 5 patients have been returned to Poor Law Institutions under s. 25. We hope that the Committee will continue to make use of their powers under both these sections.

We understand that enquiries have been made among the unions in the county as to available accommodation in their institutions for boarding out under s. 26, but so far no such suitable accommodation has been found.

In the wards with the adults we noticed 9 boys and 7 girls, and we hope as opportuntiy occurs that these will be moved to more suitable accommodation, but we especially noted 1 boy and 2 girls in ward E who appeared to be trainable, and whom endeavour should be made to move to an institution where they can receive some training.

The appearance of the patients, both as to their personal cleanliness and dress, was satisfactory, and we were especially glad to note a variety in the women's dresses.

The day rooms and galleries were generally tidy and clean, but with the exception of the convalescent home and the two small wards G and O on the female side, they presented a somewhat bare and comfortless appearance, which would be improved by the provision of curtains in the windows, cushions on the couches and more pictures, especially in the dining rooms of such wards as male 1 and 2.

Though there was a good supply of books, except in male ward 1, there appears to be no system of interchange of these books, which remain in the wards until they are worn out. A larger supply of bound illustrated periodicals would be an advantage.

In some of the dormitories we were pleased to see a number of lockers. We hope these may be increased and that each patient may have his or her own hair brush and comb, tooth brush and towel.

We suggest that some wash-hand basins should be provided near the w.c.s.

On visiting the laundry we noticed that the side rollers of the box mangles were unprotected, and recommend that these should be covered as we have suggested to Dr. Stuart.

The dietary has been improved and brought more up to the scale recommended by the Departmental Committee. The dinner to-day consisted of fried fish, potatoes, bread and rice pudding. It appeared to be of good quality.

A Hobart mixer has been added to the kitchen equipment.

We should like to see in the wards where the better patients are that the tea is served in pots instead of out of a large urn; the butter is now made up in small pats instead of being spread on the bread.

In one ward on the male side we found some knives which were not kept in the proper locked box provided for them.

Works in progress now include the fixing of ventilating gratings in single rooms and the redecoration of the laundry. The alterations to the mortuary are to begin shortly.

A firm of electrical engineers are preparing a scheme for the lighting of the hospital by means of electricity. We hope that the advisability of lighting the outside emergency staircase by a cable not connected with the immediate ward one will be considered.

Few patients were in any way seriously ill, and those in bed, the great majority of whom were in the infirmary wards, were mostly being treated for mental reasons or on account of their advanced age and infirmity. The nursing of these patients appeared to be carefully carried out, but we would again draw attention to the shortage of bed tables, and we doubted whether there was a sufficient stock of hot bottles, especially for use on the verandah attached to the male infirmary. We hope a sterilizer and a hospital trolley for surgical dressings will be obtained for the sick wards, and we would suggest that a small supply of milk and possibly lemonade should be issued regularly for night use in these wards, so that the night nurse may have something to hand in case a patient who is not on medical extras is thirsty during the night.

Except for one case of diphtheria, a fatal one, on the male side, the hospital has been practically free from infectious disease, and from their appearance we judged the patients to be in excellent general health.

The deaths, 24 male and 29 female, were all due to natural causes, and no inquests have been necessary. The death rate for 1925 was again a low one, 7·4 per cent. for men and 6 per cent. for women, or a total of 6·7 for both sexes.

Mechanical restraint was employed in the case of one woman on three occasions to prevent her interfering with dressings after an operation, and seclusion was used for 5 women for short periods.

No action appears to have been taken other than as mentioned above on the five important facilities absent at this hospital, which our colleagues drew attention to in their last entry.

The present nursing staff consists of—

	Males.	Females.	Total.
Charge - - - - -	9	9	18
Ordinary - - - - -	42	52	94
Night - - - - - -	7	10	17

No women nurses are employed on the male side.

Twenty-five of the male and but 4 of the female nurses are certificated as mental nurses; 23 of the men and 14 of the women have passed the preliminary examination only.

At present there is a vacancy for the deputy medical superintendent, Dr. Travers Jones, the recent senior assistant medical officer, having received the appointment of medical superintendent at Cambridge Mental Hospital. Dr. Stuart has now to assist him Dr. A. H. Thompson and one other medical officer who is on a temporary basis.

Northumberland Mental Hospital, Morpeth.

June 19th, 1926.

We have spent yesterday and to-day in our annual inspection of this hospital, which we have found generally in very good order. Parts of this hospital are old-fashioned, but the wards were, we thought, well kept, clean and comfortable; well supplied with plants; and we were very pleased to see well stocked bookshelves in every ward. These bookshelves are closed with a ball and socket fastening, which enables the doors to be opened easily so long as the knobs are on the doors, but in many instances the knobs are missing, which makes it difficult to open the doors. This is a small matter which can very easily be put in order. In the general bath rooms we found 8 baths on each side of the hospital, and we were particularly glad to hear how carefully the feelings of the patients are studied with reference to the bathing arrangements; for instance, many of the patients are allowed to choose the time of day, either morning or bed time, at which they will have their bath; great care, too, is taken that only a limited number are in the bath rooms and dressing rooms at a time, and thus the time of waiting is reduced to a minimum. Careful attention to small points such as these adds much to the comfort and contentment of the patients.

We found the dormitories and side rooms clean and well ventilated and the bed clothes and bedding all that could be desired. There are still, however, some single rooms that are entirely without means of artificial lighting.

We are glad to hear that steps are to be taken to reorganise the kitchen and to bring it more up to date. Nothing can be more significant of the real need for this than the fact that it is only on one occasion during the year, namely, on Christmas Day, that it is found practicable to give the patients roast meat. Before passing from the subject of the kitchen we very much hope that when alterations are being made the opportunity will be taken to place a lavatory basin in close proximity to the patients' w.c. This is a matter of considerable importance in our view as an aid to the prevention of infections.

We very much hope that the Committee may see their way in the not very distant future to instal a cinema apparatus in the central hall; it is a form of entertainment that has proved very popular elsewhere, and we feel sure it would be appreciated here. Another improvement which we thought might possibly be made without any great expense, and one which would, we feel sure, greatly increase their usefulness, would be the replacing the front of the solarium on each side of the hospital with casements. The solarium on the female side yesterday, when we were in it, was far too hot to be comfortable in spite of the fact that the day was far

from warm. In the course of our passage through the wards we made some suggestions as to the provision of further letter boxes and as to the pattern of these, which we hope it may be found possible to adopt. In the laundry we were not quite satisfied at the arrangements made to cleanse the tins in which foul and infected linen are brought from the wards to the laundry. We feel that as there are steam taps already there, a device might easily be made by which these tins could be easily and thoroughly disinfected by being inverted over a steam jet. In going through the shops we regretted to hear that it is proposed to discontinue the making of the men's clothes in the institution. We earnestly hope that the Committee may see their way to reconsider this decision. We are well aware how very important is the economic aspect of such a question as this, but in a mental hospital the employment of the patients is so valuable an aid to medical treatment that we believe there is justification for retaining this branch of work even though there may be some increased cost.

We found the patients clean, nicely clothed and generally orderly in their behaviour. We talked with very many of them and received no complaints whatever of their treatment. We should like to see night shirts provided to every patient on the male side, the habit of sleeping in the shirts in which, in many cases, the patients have been working all day is neither, we think, cleanly or healthy. We should also like to see every patient provided with an overcoat, or, at any rate, a very much larger number of overcoats issued. In No. 6 ward on the male side for instance there were only 8 overcoats for 45 patients, nor was this number supplemented by capes as was done in some of the wards.

We were extremely pleased with the arrangements made for the comfort of the patients at the two villas which are now in occupation. The villas, we thought, are nicely designed and the grounds outside nicely kept, giving these houses a very free and homely character.

Since the last visit of our colleague 248 patients have been admitted, 132 have been discharged (of the discharges 80 had recovered), and 101 have died. These changes leave on the statutory books the names of 413 males and 326 females, all of whom we believe we saw with the exception of one man who was out on trial at the time of our visit. Twenty-four patients have been allowed out on trial to test their fitness for discharge, but we are sorry to see that no advantage has been taken of the section of the Lunacy Act which enables the Committee to grant money allowances. We cannot but feel that some of those on trial would have benefited by such a grant, and might possibly have been saved some anxiety, at a time when absolute peace of mind is so important, had such a grant been made.

Eleven male patients have been allowed parole within and beyond the estate and 91 males and 1 female within the estate only.

There are now vacancies in the hospital for 65 patients, 48 on the male side and 17 on the female side.

The weekly maintenance charge for home patients is 23*s*. 11*d*. and for private patients 42*s*. The average weekly maintenance cost for the year as last ascertained is 24*s*. 4½*d*. There are no out-county patients.

The death rate during 1925 was 10 per cent. of the average number of patients resident, 9 per cent. on the male side and 11·4 per cent. on the female side. These percentages, especially that for the women, are rather higher than prevail in many other mental hospitals, but possibly this fact is explainable in relation to the ages of the patients at death. The deaths have been 101 in number, being almost equally divided as to sex. They include one case of suicide by taking carbolic acid, in which the suicidal act was before admission, and one case of bronchitis and pneumonia in which a week or two before death the patient had accidentally fallen and broken his arm. In these and in 3 other cases inquests were held. One of these was followed by an inquiry at the hospital by two of our colleagues,

who expressed their full satisfaction with the treatment which the patient had received. Apart from the above-mentioned two cases, all the deaths have been from natural causes, verified in only 20 per cent. by post mortem examination. Great difficulty is said to be experienced here in obtaining consent to these examinations, and we hope that every reasonable effort will be made to explain to friends of deceased patients that these examinations have an important protective influence as well as being of value to doctors in their treatment of other patients. General paralysis was the cause of 19 male and 10 female deaths, that is, nearly one-third of the total deaths, and is by far the most conspicuous cause of death. We are glad, therefore, to know that Dr. East is considering the introduction here of a trial of induced malaria as a mode of treatment of this hitherto nearly always fatal disease; preliminary serological examination should be made in all suspected cases, as well as a frequent blood examination during this form of treatment. This is one reason, but there are many others, why we hope that the laboratory will be brought into active operation, and that sanction will be given to the inclusion on the staff of a properly trained laboratory assistant. Such work, quite apart from its scientific interest, cannot fail, if prosecuted scientifically, to advance in many directions the treatment of the patients.

Tuberculosis, formerly very prevalent in this hospital, seems to show a gratifying fall in incidence; and credit is due to the efforts of Dr. East and his staff for their efforts in this connection. So far as it known, there are at present 8 tuberculosis cases (4 of each sex) here, and it was present in active form in 6 of the female deaths. The fall in its incidence, without doubt, is due also to improvements that have been made in the dietary; for this reason, though we know of hospitals where no butter is given, we cannot help feeling that the institution of half-and-half butter and margarine in lieu of all butter is a retrograde step. We also hope that when the kitchen improvements have been effected only surplus pork will be sold.

There are several matters in connection with the arrangements for the admission and nursing of recent cases on the female side which much need improvement. These, however, are well recognized, and are only awaiting the erection of a detached nurses' home to be remedied. The Committee's decision to make this addition to their hospital is warmly to be commended.

We have been agreeably impressed with the spirit of progress and the desire to see improvements effected which animate Dr. East and his principal officers. As medical colleagues he now has Dr. R. E. Illingworth (deputy superintendent), who we are glad to note possesses a diploma in psychological medicine, and Dr. Theresa R. Chapman. The latter is at present away on sick leave, her duties being taken by a temporary medical officer.

Nottingham County Mental Hospital.

March 23rd, 1926.

On our visit to this institution to-day we found the buildings generally in a good state of repair and decoration, and the day rooms and dormitories clean, bright in appearance, but, to our minds, too cold to be quite comfortable. Where the Plenum system has not been supplemented by radiators, we think that on cold days, such as to-day, more use should be made of open fires in the day rooms. The wards were well supplied with games, books, plants and pictures, and were well furnished. The lavatory annexes were clean and well ventilated, but we noticed that in many of the wards no nail brushes are supplied for the use of the patients, nor did we see any facilities for the keeping of tooth brushes, though we were told that many patients have and use them. In some

medicine cupboards the section reserved for drugs for internal use was controlled by a different lock from that containing poisons; this, however, was not universal; we saw one cupboard on the male side, for instance, that contained poisons and was also being used for general and not medicinal purposes, and without any special precaution to prevent access to the half in which the poisons were kept. Although we understand that nightdresses are provided for women patients, a similar advantage does not obtain on the male side. For reasons of cleanliness and hygiene we are strongly of opinion that nightshirts should be provided for the men and every effort made to induce them to wear them. In response to our enquiries we found that undressing for bed usually takes place in the day rooms; it would seem to us more desirable in every way if patients were allowed to undress by their bedside.

Since the last visit of a member of our Board, 125 patients have been admitted, 66 have been discharged, 29 have been transferred to other care and 52 have died. Of patients discharged, 27 were released on recovery, no use having been made of sections 25 and 79 of the Lunacy Act, 1890. In all 69 persons have been allowed out on trial to test their fitness for discharge, in 15 cases allowances of money were made from the Lady Middleton Fund. These changes as a whole have left on the books the names of 638 patients, 272 being men and 366 women, the number actually in residence being reduced by 6, 2 men and 4 women being out on trial.

Ward 8 on the male side is now being used for female patients, the accommodation in the wards being 262 for males and 338 for females, total 600. It will therefore be seen that the number actually under care is materially in excess of normal accommodation, an excess that is temporarily provided for by the occupation of the isolation hospital, the use of the verandahs and the adaptation as a dormitory of part of the upholsterers' shop. The position is obviously a serious one, and we had hoped that before now the Committee would have submitted to our Board a comprehensive scheme to relieve the present congestion and to provide for any necessary expansion in the future. The provision of accommodation for nurses is a matter of extreme urgency, and a proper site not too far, but still away from the main institution, is essential if a suitable type of nurse is to be attracted to and induced to remain in the mental hospital service.

Beyond the usual applications for discharge by those at present unfit for it, we received no complaints that required attention or inquiry. The patients were clean and well clothed and we think properly cared for. The general health of the institution was good, there was little acute sickness, and most of the patients in bed were suffering from debility, chronic disease or under nursing care for mental reasons. Two men and 7 women were under treatment for tuberculosis and 1 patient for suspected dysentery. The deaths during period under review were all due to natural causes, 10 each resulting from senile decay and pneumonia and 9 from general paralysis. Four inquests were held, the verdict in each case being "death from natural causes."

Eight serious casualties have occurred, all of an accidental character.

The dinner to-day consisted of Irish stew and bread pudding with sweet sauce. The dietary as a whole appears to be good and varied.

Amongst the places we visited during our inspection was the post mortem room and the mortuary. We thought that the latter might be greatly improved at a small cost by the conversion of one of the rooms or the waiting room into something in the nature of a small chapel, in which the friends of deceased patients may pay their last respects to the dead in decent and reverent surroundings. This is now done with great advantage in mental hospitals throughout the country and is much appreciated.

The ward staff now consists of 33 male and 45 female nurses for day and 6 of each sex for night duty. Of the total number of officers 25 are

certificated or registered as mental nurses, and 10 have passed the preliminary examination for qualification.

Dr. S. Lloyd Jones has the help of Dr. D. M. Macmillan and Dr. V. H. Barker as his assistant medical officers. The specialist assistance is available from the Nottingham General Hospital for all branches of medicine and surgery. The facilities for dental treatment, however, might well be improved. We should like to see the provision inside the hospital of a regular dental room, regular visits by a dentist and the routine examination of all patients, especially new admissions. This we regard as one of the first essentials to the proper physical treatment of patients suffering from mental disorder which has become such an important feature of modern practice. Hardly less important and essential is the provision of facilities for pathological examination and research, which is only rendered possible by the existence in each hospital of a small properly equipped laboratory with a trained laboratory assistant for routine work under the medical staff. It is extraordinary that a mental hospital belonging to a large and important County not only does not possess these advantages, but has not even in its equipment an ordinary microscope.

Oxford County and City Mental Hospital.

July 24th, 1926.

On this, the first visit paid by both of us to this institution, we were impressed by some special features which are not common to all hospitals of this character. Amongst these may be mentioned the very large amount of freedom that is allowed to patients, and the fact that, whereas we are accustomed to find most of the wards locked and a few open, here the reverse obtains. Moreover, the sense of freedom is increased by other factors such as that the large majority of the windows both upstairs and down are unblocked and can be opened freely, and that there is a minimum of restrictions in the shape of walls or fences. A further important feature, and one which we regard as most valuable, is the continuance of the linking up arrangement which exists, both as regard medical work and nursing training, between this hospital and the Radcliffe Infirmary, which was described by our colleague in the report made after his last visit as a movement of far-reaching importance. With this we cordially agree. Thirdly, we were greatly interested to note the valuable results which we believe are obtained by Dr. Good and his medical staff by the judicious exercise of psycho-therapy in conjunction with close study of physical conditions in relation to the treatment of mental disorder.

When we started our inspection yesterday we found on the books the names of 719 persons, of whom 252 were males and 467 were females. One of the former sex and 6 of the latter sex were out on trial, leaving 712 actually in residence. Of the total number on the books 193 are out-county cases received under contract. According to estimates as to accommodation, there are at present vacancies for 35 patients on the male and 13 on the female side. The weekly maintenance charge per head is 23*s.* 4*d.* per week, the average cost for last year being 23*s.* 1*d.*

Throughout our visit we found the patients remarkably quiet and orderly in behaviour and free from complaints except such as were due to their mental disorder; this we attribute to the large measure of freedom given to the patients, to which we have already referred, and which is further exemplified by the fact that at the time of our visit 220 were being granted parole within the estate and 59 beyond it. In addition, many are taken for walks and for shopping expeditions. We met one of these parties returning, and judging by their cheerful and happy appearance the outing had been much appreciated.

The general health of the hospital was good and, excluding new admissions who were under treatment in bed and cases of senile and other

debility, there was a minimum of sickness and an absence of any cases of preventable disease. In all there were 7 cases of tuberculosis, 3 men and 4 women, some of which were inactive. It is interesting to record that we saw no patients in bed for excitement. We are satisfied that the above condition is in a very large measure due to the attention given to each patient by Dr. Good and his colleagues, and the close study made of each individual case. This could, however, be done still more effectually with the provision of improved laboratory facilities for pathological research. We were glad to hear that it is realized that the present accommodation is unsatisfactory, and that a scheme is under consideration for more adequate provision. Having regard to the value of good pathological work in the treatment of mental disorder, we hope that the establishment of a better laboratory will be followed by the appointment on the staff of a neuro-pathologist for more advanced research, with a laboratory assistant for routine work. Although it is not desired that the medical officers should lose touch with laboratory work, we believe that progress is hampered by their present necessary inability to spare sufficient time from their ward duties for work in this department.

We believe the diet scale to be a good one and on the whole well balanced. We discussed some details with Dr. Good concerning some possible improvements, and we feel sure that these will receive his full consideration.

All the 31 deaths that have occurred since the last visit have been due to natural causes, no one of which requires special comment. No inquests have been held. The 3 serious casualties that have occurred were in two cases due to accident and in one to self injury, all being in the nature of fractures of bones.

We found the structure of the hospital well maintained and the wards and dormitories on the whole clean, bright and pleasant in appearance; we thought, however, that there was room for improvement in the furnishing of some of the day rooms, a matter which we found was already appreciated, and which is, we believe, now under consideration for remedy.

Amongst the alterations and improvements that have been completed since last visit are the verandahs in B.6 ward, the enlargement of the windows in B.5 and 6, the provision of a new lavatory in B.6 and a new male nurses' mess room. Gas ovens have been placed in the ward kitchens for emergency cooking purposes and for plate warming.

The works now in progress comprise a house for the senior assistant medical officer and the conversion of the old male nurses' mess room into a work and lecture room for nurses.

The present hospital staff consists of 36 male and 52 female nurses for day duty and 9 of the former and 10 of the latter for night duty. Of the total number 41 are certificated or registered as mental nurses and 16 have passed the preliminary examination for certificate. The staff generally appeared to us to be efficient, well trained, and in kindly relationship with the patients. We were much interested by the evident desire of the nursing staff to further, to the limit of their capacity, the work of the medical officers, especially in regard to such matters as hydro-therapy and other details of clinical work.

Dr. Good, in his well-known desire to advance the knowledge of mental disorders and their treatment, is ably supported by his assistant medical officers, Dr. Davies Jones and Dr. Stewart.

We were much indebted to all of them for a most interesting and satisfactory visit.

Salop Mental Hospital.

January 26th, 1926.

The changes that have taken place amongst the patients since the last visit in July, 1925, leave on the books the names of 809 patients, 358 male

and 451 females, and all were in residence to-day except 2 men and 3 women who were away on trial.

The total accommodation provided in the hospital is only sufficient for 313 men and 388 women, so that overcrowding, to which attention was called at the last visit, has now been increased to 45 men and 63 women. I understand that the Committee have this matter under their consideration, and that, as a preliminary measure, they are now having the hospital remeasured so that it can be ascertained whether more patients could be accommodated by increasing the present day and decreasing the present night space; there being night space for 79 patients more than can be accommodated by day.

Whatever may be the result of the remeasuring, it is still probable that further accommodation will be required, and I would again express the hope that an admission hospital will be the first of any new buildings to be erected. The need for this hospital is the more urgent as the conditions under which recent cases are now received are, of necessity, anything but ideal, owing to the receiving wards having to be used for troublesome, noisy patients who need constant observation as well as for the recent admissions.

The need for a home for nurses should also be again mentioned, especially as its erection would free many beds, now occupied by nurses, for patients' use.

Of the total number of patients 53 men and 30 women are classed as private patients, 34 of the former being "Service" patients, and 9, 2 men and 7 women, are chargeable to out-county unions.

The maintenance charges are 14*s*. 7*d*. per week for home patients and from 21*s*. to 23*s*. 6*d*. for private patients. The average weekly cost as last ascertained is 16*s*. 10½*d*.

During yesterday afternoon and to-day, accompanied by Dr. Gill, one of my Board's inspectors, I visited the wards and other parts of the hospital, and can report generally that the patients are being well cared for and that their quarters are well kept.

The patients' clothing is of good quality, and efforts are being made to improve the style of the garments, but I thought that in some of the wards there was a shortage of stock.

One ward on the female side is at present in the decorators' hands, and when this is finished some much needed redecoration will be undertaken in wards on the male side.

In the day rooms there appeared to be a fair supply of books and games for the patients' amusement, but I hope a system may be started which will make it certain that the books in each ward will be changed at frequent intervals.

None of the wards on either side are now conducted on the "open-door" principle, but in one ward on each side the doors leading to the airing courts are left open during the greater patr of the day. Full parole beyond the estate is allowed to 19 men and 1 woman, and parole within the grounds to 35 men and 3 women.

The condition of some of the airing courts needs attention owing to their bare and uninteresting appearance, and it was satisfactory to know that improvements here are to be undertaken at the first possible opportunity.

The improvements to the mortuary have not yet been done.

The general health of the patients appears to have been very good, and the death rate for 1925, 6·44 per cent. for men and 4·55 per cent. for women, or a total of 5·4 per cent. for both sexes, was the lowest ever recorded in the hospital. Unfortunately at the present time there is an outbreak of mumps on the male side which has so far attacked 30 patients, but apart from this and from 3 cases of chicken-pox and one of dysentery on the male side there has been no epidemic disease.

The cases of mumps are being isolated and nursed in the isolation hospital.

The tubercular patients number 9, 4 men and 5 women, and this disease was the cause of 5 deaths during the period under review. The remaining 25 deaths were all due to natural causes, but in 2 cases were accelerated by accidents. Each of these cases were enquired into by the Coroner, but they presented no special points of interest. Apart from these there have been no serious casualties of any kind.

The diet appears to be a very satisfactory one, with good variety at each meal, and it was satisfactory to know that each patient is given a cup of gruel before going to bed. The dinner to-day consisted of corned beef, pickles and potatoes, followed by suet pudding with treacle, and it was evident that it was much enjoyed by the patients, but I hope that better arrangements will be made for its quick service.

Patients suffering from general paralysis are now being treated by induced malaria, but it is too early as yet to give any opinion as to the result. Clinical tests in regard to this treatment, and as an aid to the diagnosis of other diseases, are being regularly carried out in the small laboratory.

No dentist has as yet been appointed, but I hope the Committee will make an appointment at an early date. No mental hospital can afford to be without one.

The staff consists of 34 male and 42 female nurses for day and of 6 male and 9 female nurses for night duty. Of these, 12 men and 11 women are certificated mental nurses, and 2 men and 5 women have passed the preliminary examination for the certificate.

Among the works now in progress are the fixation of new baths in the female general bath room, with reconstruction of the drainage, and the rearrangement of the lavatories in female ward 3.

Dr. Hughes still has the assistance of Dr. Smith and Dr. Smyth.

Somerset and Bath Mental Hospitals.—1. *Wells.*

October 12th, 1926.

Before saying anything as to our visit to this hospital we feel bound to refer to the late medical superintendent, who, after a long connection as senior medical officer, was appointed medical superintendent in 1920 on the retirement of Dr. Pope. Though he had for a considerable time before his death suffered from the painful disease which eventually proved fatal, he, acting under a strict sense of duty, endeavoured to carry out his work stimulated by his regard for his patients and the keen interest which he took in the administration of the hospital. We can but express our sincere regret at the loss which the institution and the public have sustained in the death of such a painstaking and useful servant.

Dr. Shera has been succeeded by Dr. McGarvey, late senior medical officer, who evidently takes a lively interest in his work, and is most anxious, with the material at his disposal, to do all he can, with the assistance of his Committee, for the well-being and treatment of those under his care.

The institution was erected at a time when other views than those which now prevail were approved, and he fully appreciates the difficulty with which he has to cope.

There is overcrowding of troublesome patients in some wards, especially in female 3. The arrangements in regard to the reception and treatment of new cases leaves much to be desired. There is a lack of sanitary accommodation on the women's side, and though we note, with approval, that reparation and redecoration have been taken in hand, there is still much to be done before the hospital can be considered as complete in this respect.

We have discussed with Dr. McGarvey the various questions which require consideration in these respects, and feel that he must be given time to settle down and bring forward, as and when he can, a scheme for

dealing as effectually with these matters as the building and its general conditions will allow.

When Dr. McGarvey, with the Committee's help, has arrived at some conclusion, or has some fixed views on this subject, it would, we think, be well if the Committee sought the advice and assistance of the Board's architect, who, it will be realised, has had very considerable experience.

We are pleased to hear that it is proposed to instal electric light throughout the hospital, and are very pleased with the arrangements which have been made at the mortuary.

A new draw plate oven is in operation in the kitchen. Some screens have been provided for greater privacy in the women's bathrooms—others are still required. A tap for drinking water has been fixed in the laundry, but we observed that the automatic check in the calender in this department has been out of action; it should be made effective without delay.

We have seen all patients in residence. We received no complaints as to treatment, and we found the better wards bright and well supplied with books and flowers.

The patients appeared to us to be tactfully and well treated.

The dinner which we saw in the wards struck us as being, in not a few instances, meagre in the quantity of meat served, and we observed that the utensils in which the dinner was taken from the kitchen to the wards have no covers. This defect should, we think, be remedied.

Since May 26th, 1925, there have been 233 admissions, 17 have been transferred to other care, 100 have been discharged, of whom 61 had recovered. Four have been dealt with under section 25 of the Lunacy Act, 35 under section 79, and 54 have been allowed on trial, to 17 of whom money allowances have been granted. This power of the Committee is, no doubt, duly considered as occasion arises. The deaths number 85.

There are on the books 810 patients, males 326, females 484, of whom 53 are private patients, 23 being classed as "Service." There are but 6 out-county patients. Five patients are on trial, leaving in residence 325 males and 480 females, in all 805. Those having parole beyond the estate number 6 men and 28 women. There is an open-door ward on the women's side, and as soon as ward 5 on the men's side (now unoccupied) has been redecorated it is proposed to make this an open-door ward for men.

According to the returns made to us, there are vacancies for 63 men and 53 women, but in view of the measurement of the wards we think this matter must be considered.

The maintenance rate for home patients is 19*s.* 3*d.* and for private patients from 21*s.* to 31*s.* 6*d.*

There has been no mechanical restraint.

The staff consists of—

Charge male nurses -	5	Charge female nurses -	8
Ordinary - - -	36	Ordinary - - -	51

for day and 4 and 7 for night duty. No women are employed as nurses on the male side. There are 14 male and 6 female nurses who are certificated or registered as mental nurses, and 8 and 10 respectively who have passed the preliminary examination. We need hardly say that we are pleased to see the improvement in these numbers as compared with those given us in the previous report.

The patients confined to bed numbered 67 women and 16 men, but few were in any way seriously ill, and the majority of the women were senile, feeble people.

The sick are nursed in the infirmary ward, where, as has been previously noted, there were no verandahs for open-air treatment, and we were satisfied that their nursing is carefully carried out. Unfortunately, these wards are also used as admission wards and for the observation of certain troublesome cases, but Dr. McGarvey is fully alive to the necessity of

making other arrangements whenever the opportunity occurs. There have been 5 cases of dysentery in the females and 1 on the male side, and 6 patients are known to be suffering from tuberculosis.

We were glad to hear that the question as to the best arrangement for isolating and treating the latter is under the consideration of the Committee.

A small clinical laboratory is in existence; Dr. McGarvey is endeavouring to increase its size and scope of work. We hope the Committee will reconsider their decision as to the appointment of a technical assistant to work under the medical staff.

All the deaths except one were due to natural causes, and they call for no mention. The excepted death, concerning which an inquest was held, was due to a fractured skull, caused by the patient, a female, throwing herself head-first through an archway on to stone steps. Precautions have been taken to prevent such a thing happening in future.

Dr. McGarvey has the assistance of Dr. A. Darlington and Dr. Menzies.

Somerset and Bath Mental Hospitals.—2. Cotford.

October 11th, 1926.

It is satisfactory to note that the recommendations, few in number, which were made by our colleagues at their last visit have been carried out. We would especially notice that butter instead of margarine is now issued for tubercular patients, and new admissions at the discretion of the medical officer, and that a cold chamber has been constructed.

With the exception of 5 patients who were out, we have seen all who were in residence, and from no one have we received any complaints other than the customary requests for discharge from a few, and those were, in our opinion, quite unfit to be released from care. They were on the whole, speaking at any rate as to those who were at all capable of appreciating their position and the nature of their surroundings, a contented colony; they were well clothed, attention evidently being given to the women's dresses, and appeared to us to be tactfully and well treated by the nursing staff.

The wards were in excellent order, and with the addition of plants and birds are made as homely and bright as institutional care will permit. The wards were well staffed and the beds were all we could wish.

Miss Aveline still continues to supervise the small but useful industries which she established in some of the women's wards. There is an open-door and club ward on the men's side; 7 of them have full parole and 40 or more limited freedom within the estate. We hope Dr. Aveline will see his way to extend the open-door system and the freedom of parole to such women as in his discretion he considers can be sufficiently trusted, and who would appreciate and not abuse such a privilege. The dietary struck us as being a good one, and it is clear that an endeavour has been made and, we think, with success, to carry out the suggestions of the Departmental Committee. We can express our satisfaction with the administration of the hospital and with all that we saw in the course of our visit. Since September 30th, 1925, there have been 152 admissions, 15 have been transferred to other care, 86 have been discharged, of whom 67 had recovered, 3 have been dealt with under section 25 of the Lunacy Act, 5 under section 79, and as many as 70 have been allowed out on trial, to 10 of whom money allowances have been granted. We hope this power of the Committee is borne in mind and that seasonable assistance is always given in suitable and deserving cases.

There have been 43 deaths.

These changes leave on the statutory books 733 patients, male 309, female 424, of whom 49 are private patients, 24 being classed as " Service " patients.

There are no out-county patients.

Those on trial number 7, and there are in residence 305 male and 421 female patients.

According to the returns given to us, there are vacancies on the male side for 59 patients, but the women's side is full. In view of the remeasurement of the wards and dormitories which has lately been taken and recorded, we think this question will have to be reconsidered.

There has been no mechanical restraint.

The staff is as follows—

Charge male nurses -	7	Charge female nurses -	8
Ordinary - - -	34	Ordinary - - -	48

for day, and 5 and 7 respectively for night duty.

No female nurses are employed on the male side.

As many as 29 male nurses are certificated or registered as mental nurses, those in a like position amongst the female nurses are 9, and 11 male and 9 female nurses have passed the preliminary examination.

Except for 3 cases of dysentery on the female side, the institution has been free from epidemic disease, and the general health of the patients appeared to be good. But few were confined to bed through illness, and of the 27 women in bed in the infirmary ward the large majority were feeble, senile patients. No one was in bed in the male infirmary.

The patients known to be suffering from tuberculosis in an active form number 6, 5 women and 1 man, and these, together with those in whom the disease is thought to be quiescent, are kept separate from others, the women on the infirmary verandah and the men in a special dormitory.

We were satisfied that the sick on both sides are carefully nursed.

With one exception, all the 43 deaths were due to natural causes, and they call for no special reference. At the inquest held concerning the excepted case, the verdict showed that death was accelerated by violent exertions and struggles and by injuries sustained before admission.

We are glad to be able to record that the death rate for 1925 was the low one of 5·77.

We pointed out to Dr. Aveline that aperient medicines should never be given without the written authority of a medical officer, and we have no doubt he will follow our suggestion.

The absence of verandahs on the male side is much felt, and we hope that the Committee will see their way to remedy this matter as soon as circumstances permit.

Dr. Aveline has the assistance of Dr. W. S. Graham and Dr. Eyre.

Staffordshire Mental Hospitals.—1. *Stafford.*

February 12th, 1926.

We have to-day completed the inspection of this institution which we commenced yesterday afternoon, and are glad to report that it continues to be ably and efficiently administered by Dr. Shaw for the mental and physical welfare of the patients resident here.

Since our colleagues' visit at the end of April last year the electric light installation in the main building and in the detached block has been completed, and last evening we had an opportunity of seeing some of the wards on the male side lit up ; the lighting appeared to be very satisfactory. The redecoration of the male wards has been proceeded with, and the top dormitory floor is now in the hands of the painters. Those wards which have been finished present a pleasing appearance.

The day rooms and galleries throughout the hospital are well kept, and are comfortable and home-like.

The vacuum cleaning installation continues to give satisfaction.

The recommendations of our colleagues as to the lighting of the outside emergency staircases on the female side and the provision of a hand basin in connection with the w.c.s attached to the kitchen have been carried out.

During the past 10 months the numerical changes among the patients have been as follows:—

	Males.	Females.	Total.
Admissions - - - - -	59	85	144
Transferred to other care - -	5	1	6
Discharged - - - - -	28	36	64
of whom had recovered - -	22	25	47
of whom dealt with under s. 79	6	11	17
Allowed out on trial - - -	9	13	22
Died - - - - - -	26	34	60

We notice that no patients have been sent to the Poor Law Institutions under the provisions of section 25 of the Lunacy Act, 1890, and hope every endeavour will be made with the various unions concerned to receive suitable cases so as to relieve the congestion here. At present there is an excess of 46 patients on the male side and but 14 vacancies on the female. We understand that the provision of an admission hospital is under consideration, and a sub-committee of the Staffordshire Mental Hospitals Board has been appointed to consider and report on the question with reference to all the three county hospitals.

We observe that a money allowance was granted to only one patient whilst out on trial, and we endorse our colleagues' observations on this point.

There are now on the statutory books the names of 954 patients, in the proportion of 463 males to 491 females; 55 of the former are private patients, 49 being "Service" and 6 "ex-Service" patients. There are 4 out-county patients chargeable to as many unions.

The weekly maintenance charge is for the county patients 22*s*. 9*d*., and that for the private patients 26*s*. 6*d*. The average weekly cost when last ascertained was 22*s*. 4·38*d*.

One man and 2 women are now out on trial, leaving 951 patients in residence. To the best of our belief we have seen them all. They were particularly free from any complaints, and appeared to be very contented.

They were clean and tidy in their personal appearance, but we agree with our colleagues' remarks as to the dresses of the female patients, and hope more may be done to improve the style and cut of the garments.

In the wards where the better behaved patients are we have suggested to Dr. Shaw that teapots be provided, and that the butter should be made up into pats, instead of being spread on the bread. We have also made some suggestions for improving the arrangements at the mortuary whereby friends and relatives of deceased patients can view the bodies.

The institution has been quite free from any form of epidemic disease since the last visit, and it is satisfactory to be able to note that there has been no case of dysentery for over two years.

The patients known to be suffering from tuberculosis number 17, 9 males and 8 females, and this disease was the cause of death in over 26 per cent. of the deaths during the period under review. That this death rate is high is probably accounted for by the low rate for the previous year, and we hope that during the present year a fall will again take place. Unfortunately, though as a temporary measure the female tubercular cases are housed in the isolation hospital, there is no proper provision for the isolation of these patients on either side, or for their treatment under open-air conditions. We are glad to know that the Committee are now considering the matter, and we hope that it will be dealt with with as little delay as possible.

The general death rate remains much the same as in the previous year, the figure for 1925 being 7·55 per cent.

Inquests were held concerning the deaths of 3 patients, 2 women and 1 man. In two of the cases death was due to a suicidal act committed

either before admission or whilst the patient was at home on trial, and in the other the cause was complicated by the presence of two fractured ribs. After enquiry by the Coroner and by the Committee, though the cause of the fracture could not be definitely ascertained, it was found that the members of the staff were in no way to blame for the injury.

One man and 2 women have been mechanically restrained on 103 and 77 occasions to prevent self injury, and 18 men and 13 women have been secluded for a total of 673 and 788⅓ hours respectively.

When in the wards which are used for the reception of new cases we made enquiries as to the methods adopted on their admission, and we were very satisfied that the patients received careful treatment and kindly consideration, but we could not help feeling regret that these new patients have to be admitted into unsuitable wards, which are not properly equipped for their purpose.

It is interesting to record that Dr. Shaw is having installed an ultra-violet rays apparatus.

The present nursing staff consists of—

	Males.	Females.	Total.
Charge - - - - -	10	11	21
Ordinary - - - - -	58	52	110
Night - - - - - -	9	12	21

No women nurses are employed on the male side. Forty-nine of the men and 12 of the women are certificated or registered as mental nurses, and only 8 men have passed the preliminary examination.

Dr. Shaw has the assistance of the same two medical colleagues, Dr. Drury and Dr. Farran-Ridge. A dentist visits at least fortnightly, and sees all the new cases on admission.

Staffordshire Mental Hospitals.—2. Burntwood.

February 13th, 1926.

We have to-day paid the annual visit on behalf of our Board to this institution, and can report that it continues to be well maintained and administered for the comfort and welfare of the patients.

Since the visit of our two colleagues seven months ago the following numerical changes are to be recorded:—

	Males.	Females.	Total.
Admissions - - - - -	57	54	111
Transferred to other care - -	1	—	1
Discharged - - - - -	35	45	80
of whom had recovered - -	20	35	55
Allowed out on trial - - -	8	15	23
Died - - - - - -	26	18	44

These changes leave on the books the names of 441 men and 477 women, a total of 918 patients. Of these 71 men are classified as private patients, 60 being of the "Service" and 9 of the "ex-Service" class. There is only one out-county patient.

Two women are now out on trial. Of the 23 patients who have been out on trial during the period under review we notice that to only 3 of the men were money allowances given, and we wish to endorse the observations of our colleagues in previous reports as to the value of these grants.

The accommodation in the hospital is given as for 359 patients by day and 422 by night on the male side, and for 433 patients by day and for 482 by night on the female side. The numbers now in residence are 441 men and 475 women, the average number for last year being 443 and 481 respectively. There are therefore considerable numbers of both sexes

in excess of the accommodation, and we hope the Committee will explore every means to alleviate this overcrowding. We notice in the returns furnished to us that no patient has been sent to a Poor Law institution under the provisions of section 25 of the Lunacy Act, 1890, and that only 2 of each sex have been discharged to the care of their friends under section 79.

The weekly maintenance charge for the county patients is 22*s*. 9*d*., and that for the private patients 42*s*. The average weekly cost as last ascertained was 23*s*. $6\frac{3}{4}d$.

To the best of our belief we have seen all the patients in residence. They were quiet and orderly in their behaviour, and appeared to be on very good terms with the staff.

Their dress and personal appearance were satisfactory, and we were glad to notice that a good number were wearing their own private clothing. We found, however, that no handkerchiefs were issued, and that there were very few tooth brushes in use.

The day rooms and galleries were bright and comfortable, and the dormitories and single rooms tidily and well kept.

A good deal of redecoration has recently been carried out and some is now in progress on the male dormitory floor.

Since our colleagues' visit the operating theatre has been completed, six attendants' houses have been built, and the drainage of all houses on the estate connected with the Rural District Council sewer.

The senior assistant medical officer's house is nearing completion.

We saw a good dinner consisting of meat pie with parsnips, followed by rice pudding, served in the main hall to some 170 men and 134 women. We were glad to learn that it is proposed to provide in the kitchen a Hobart mixer, a fish fryer and a draw-plate oven.

Except for a few cases of influenza the institution has been free from epidemic disease, and at the present time there are only 5 patients known to be suffering from tuberculosis. The sick patients, the large majority of whom are in the infirmary wards, appeared to us to be receiving very careful nursing, and we were glad to see that the infirmary ward on the female side has a fully-trained hospital nurse in charge. We thought it would be an improvement in these wards if hospital glass-topped trolley tables were added to the equipment. Unfortunately the sick wards are also used as admission wards for new cases, and, at times, for the observation and treatment of troublesome patients from other parts of the building. These conditions for recent cases are far from ideal, and we would again urge the necessity for erecting a small admission hospital at an early date.

We were struck by the length of time that some of the patients are kept in bed on account of their bad habits and excitable nature, and we hope that every effort will be made to get them to lead a more natural life among their fellows.

All the 44 deaths were due to natural causes, though in one case, owing to the death being accelerated by a fracture of the thigh, an inquest was held by the Coroner, and the death rate was the satisfactory low one of 7·6 per cent.

There has been no use of mechanical restraint or seclusion since the last visit.

We have found that the provisions of the new Statutory Rules made by the Board have not been carried out in detail as regards some of the forms, as for instance the Day Report (Form 10), Suicidal Caution (Form 14), and Ward Diet Sheets (Form 17). We again deprecate the use of two forms of suicidal caution cards.

From the annual returns furnished to our Board we find a satisfactory number of patients attend the Church of England services and the weekly entertainments, but that the percentage of patients walking out beyond the estate, and of those taken daily for walks outside the ward

gardens but within the estate, is low. We saw a game of football in progress this afternoon in which some male patients were playing, but beyond some half a dozen others who were spectators no others were on the ground. We should have liked to have seen some of both sexes watching the game.

The present nursing staff consists of:—

	Men.	Women.	Total.
Charge - - - - -	8	9	17
Ordinary - - - - -	46	47	93
Night - - - - - -	6	8	14

No women nurses are employed on the male side.

Thirty-five of the men and 6 of the women are certificated or registered as mental nurses, and 10 of the men and 6 of the women have passed the preliminary examination.

Dr. Reid has the assistance of the same two medical colleagues, Dr. A. L. Taylor and Dr. J. C. Mackenzie.

Staffordshire Mental Hospitals.—3. Cheddleton.

December 23rd, 1926.

My visits to this hospital, commenced on the 21st instant, have been prolonged until to-day in order both to include the annual inspection on behalf of our Board and to fulfil a promise to discuss on the spot with Dr. Menzies certain proposed additions which the Committee of Visitors and he have in mind to meet the pressing needs of the institution.

These needs have special relation to the fact that for a considerable time the accommodation, which normally is for 573 male and 491 female patients, has been severely strained—there being now an excess of 33 patients on the male side and 19 on the female side, besides 72 men and 30 women boarded out under contract in other mental hospitals and the imminent necessity to enter into another similar contract for about 50 patients. This excess, at any rate of women patients, moreover makes it difficult to provide sufficient accommodation for staff, in consequence of which the number of women nurses is below that which is felt to be required. Furthermore, there is an absence of certain medical facilities which progress in methods of treatment in the 27 years since the hospital was opened now demands, and which the authorities here desire to make good; allusion was made last year to some of these by one of my colleagues and myself—they are all thoroughly appreciated locally, and it is unnecessary to recapitulate them.

My visit has enabled me to have a leisurely discussion with Dr. Menzies as to the best ways and the most serviceable order in which the foregoing matters may receive attention, including the suggested provision of a detached one-storey building for children and orthopædic work—so planned that, as Dr. Menzies suggests, it can be profitably used for adults (e.g., as a sanatorium for tuberculous cases) should the children be ultimately provided for in a county institution under the Mental Deficiency Act. However, instead of setting out at length in this entry the points that came up for discussion, I shall report separately upon them to my colleagues, and doubtless in due course the Committee will receive a communication upon the matter from our Board.

Among improvements completed since the end of April last year, which was the date of the last visit by Commissioners, mention may be made of the provision of a supplemental water supply, which will also be an important stand-by in case of fire; of a new incinerator; of a cinema; of a chapel at the mortuary; and of a class-room in the children's ward. Surface water drainage to the 24 new cottages for staff has been completed, as well as the paving of some enclosed courts in the main building. Much

thought and good taste have been displayed in connection with the mortuary chapel, which I am convinced cannot fail to be appreciated by relatives who come to view the remains of a deceased patient. As to how thoroughly the patients appreciate the cinema I had an opportunity of seeing by attending yesterday evening's entertainment in the hall. This also included the playing of musical selections by a first-rate band of about 40 members of the male staff; this band continues to be trained by Dr. Menzies, and, I should imagine, is not excelled either in number or skill by any other mental hospital band in this country, and is undoubtedly a most valuable asset to the hospital's amenities.

Among improvements in hand is the making, largely by patients' labour, of a new entrance road at the north-east corner of the estate, the renewal of many of the locks, much asphalting and roof slating, and the usual repainting of certain of the wards and other parts of the building. In connection with the last-mentioned item I suggested that trial might be made of painting some of the single rooms in enamel white; the effect would be, I believe, to brighten them materially.

The hospital throughout can be said to be in very good order, and the appearance of the wards, with their excellent supply of plants and flowers, is very pleasing. No ward is without a supply of books on shelves accessible to the patients; but, without intending to be captious where the amenities in general are so good, I should like to see, at least in all the wards where the better patients are, a considerably greater number of books—as many for instance, as there are patients in these particular wards, even though not all these patients may be readers. The lighting in some of the single rooms and certain other places has become deficient, but a fresh supply of lamps and reflectors is on order.

During the period under review the number of admissions was 448, in almost exactly equal proportions as to sex. This represents an admission rate of about 260 a year, and necessarily implies a considerable volume of medical work, the standard of which—judging by the well-kept records and many other evidences in the wards—is commendably high. The medical notes are all made on loose leaves in the wards. One would like to advocate the keeping in the wards of a complete dossier for each patient, the institution of corresponding nurses' notes, and the adaptation of a room in each ward as a clinical room, but I recognize that, pending the relief of existing congestion, such may be difficult of attainment.

In connection with the discharge of patients liberal use is made of s. 79—almost 40 per cent. of the 198 discharges having been dealt with under this section. In only 17 cases, however, was the helpful practice of allowance out on trial employed, to 9 of whom a money grant was given; so that there is evidently room for a considerable extension of this beneficial conjoint practice.

The number of private patients now here is 11 men and 5 women, besides 57 " Service " and 5 " ex-Service " cases.

The weekly maintenance charge is 22*s*. 9*d*. a head, the actual cost as last ascertained being 5*d*. above this amount. The charge for patients of the private class is 42*s*. weekly. The death rate during 1925 was 7·7 per cent.—the percentages on the male and female sides being 6·3 and 9·5.

With the exception of two cases—one of a fractured hip and one due to scalding, the facts in both cases being fully reported to our Board at the time, and both, as well as a third case, being the subjects of inquests—all the 61 male and 67 female deaths were from natural causes; these, as is satisfactory to be able to record, were verified in almost every instance by post mortem examination. Twelve (as many as one-third of these being women) were due to general paralysis; of which disease I saw some cases undergoing treatment by induced malaria.

Tuberculosis accounted for 8 of the male and 14 of the female deaths, that is 22 of the total deaths. This is a disappointingly high proportion; except it includes an unusual series of cases it makes it difficult to believe

that the number now returned to me—only 2 on the male and 3 on the female side—really represent the present number of infective tuberculous cases in the hospital, and points to still further efforts towards early diagnosis and adequate segregation of male cases. I saw only one small verandah and did not enquire what further similar provision exists here; but its sufficiency or otherwise has, of course, an important bearing on securing open-air treatment for these cases. For its possible utility ir tuberculous and other debilitated cases, I am glad to learn that means fo. treatment by ultra-violet radiation is likely to be introduced here very shortly.

There have been 4 cases of erysipelas, one each of pellagra and scarlet fever, 2 cases (including one member of the staff) of diphtheria, and 8 (all but one being males) of whooping cough. Between last February and the present month there have been 53 cases of influenza among the patients and 9 among the staff. But the most troublesome infective disorder has been an outbreak of dysentery, of which there have been 21 cases on the male and 46 on the female side; of these only one case now continues in active form. Energetic measures involving much laboratory work are in progress in order to identify every potential carrier. The capacity of the laboratory has been extended by taking in and equipping another room. Work in the laboratory is prosecuted by all the members of the medical staff, who have the assistance of, at present, one trained laboratory assistant; but it is patent that that of a second may be necessary.

Besides the one already mentioned, there have been 10 cases of fracture; 2 of these occurred in altercations with a fellow patient, the others being the result of accidental falls. Apart from these casualties there have lately been some 3 or 4 instances of minor injuries, in connection with which the patients concerned have alleged rough usage from male nurses on night duty. These occurrences have been closely investigated by the Superintendent and by the Committee, and have caused them considerable anxiety. The facts, so far as ascertained, have been or will be reported to our Board; and it is only fair to add that such incidents are of quite exceptional occurrence here.

In the three wards (one of which is a day room and dormitory combined) for about 90 mentally defective children, there were 15 in bed; almost all these were in bed for orthopædic treatment. For this purpose—though their work is not confined to these wards—there is a trained masseuse and an orthopædic sister on the staff. I saw, in addition, much other interesting work going on in this department, which once every six months receives a visit from an instructress working under the Central Association for Mental Welfare.

The number of adults in bed was 39 on the male and 31 on the female side; that is scarcely 7 per cent. of the total in residence. Apart from a thought that a few who were regarded as unsuitable to be allowed a bedstead might find extra comfort from two mattresses instead of one, it seemed to me that their care and attention—both medical and nursing—were excellent; and this favourable impression was confirmed by the night visit I paid to some of the dormitories and single rooms.

Much attention has been given to the dietary which, besides being sufficient, can now be said to be well varied at all the three meals; and, from what I observed, I believe the patients are well satisfied. In the absence of any supply of gas it is useless to suggest a fish fryer, the want of which is noticeable; but no doubt the provision of a Hobart mixer in the kitchen would save labour and prove ultimately economical.

Employment of the patients figures conspicuously in the administration, and the proportions of those of both sexes usefully occupied are very high; it is also noteworthy that these results are attained without the assistance of a special occupational instructor, nor are the figures augmented by an excessive proportion of ward helpers. For example, no less than 40 per cent. of the total male patients are employed on the farm and grounds,

and in contrast with the usual 10 per cent. (or thereabouts) of the women employed in the laundry, the proportion who find occupation there is 26 per cent. I spent more time with the latter group of patients and satisfied myself that they were all really actively engaged at work. As many as 32 per cent. are taken out for walks beyond the estate; 33 per cent. attend the weekly entertainments; and 40 per cent. attend the divine services held in the church—a structure of pleasing appearance both externally and within, and in connection with which a strong choir is maintained. The chaplain, whom I met, evidently takes a real interest in his work and in the moral welfare of the patients and staff.

I am glad to be able to record the appointment of a third assistant to the resident medical staff, the members of which, under Dr. Menzies, are—Dr. W. D. Wilkins, D.P.M. (deputy superintendent), Dr. F. H. Stewart, D.Sc., D.P.M., and Dr. Gwenvron M. Griffiths, M.R.C.P. The dental surgeon (Mr. B. J. Sumerling) now visits twice instead of once a week. I was interested in discussing with him certain important aspects of his work. The importance—and it is a very real one—of creating an active link between this mental hospital and some General Hospital was mentioned at our last visit; it is a matter which I much hope will be kept in mind for the three-fold object of securing further training for selected members of the nursing staff, of obtaining the services of visiting specialists, and of instituting a centre for the out-patient treatment of mental illness.

Suffolk District Mental Hospital.

March 10th, 1926.

On our visit to this hospital to-day we found the buildings in a good state of repair and decoration, and in all respects well maintained. The day rooms and dormitories were in excellent order, warm, comfortable and well supplied with books, magazines, games and objects of interest to patients. We thought most of the day rooms looked very homely, but we think it would be an advantage to the patients if a small handle were fixed to the book case doors, which look at present as if they were locked and are somewhat difficult to open. The dormitories throughout were clean, orderly in appearance, and the beds and bedding in satisfactory condition. We noticed that on the female side all patients were provided with night-dresses, but that on the male, except in regard to the sick, no night-shirts are available. We think that on all grounds, notwithstanding some reluctance on the part of the patients, these garments should be supplied, and we have little doubt that the patients would soon get used to them and appreciate them as they have done elsewhere.

Amongst the alterations and improvements that have been carried out since the last visit are a much-needed reservoir to hold a reserve supply of water for use in case of fire, the provision and equipment of a new dental room and ophthalmic dark room of excellent design, and a cycle shed for the convenience of the male staff. The projected nurses' home has not yet been started, but the contracts for its erection are now under consideration. We are glad to hear that the Committee are considering the erection of a house for the steward, and we venture to hope, for reasons which we will give later, that any future building programme will include a house for the senior medical officer.

Since the last visit 152 patients have been admitted, 74 discharged (including 6 transferred to other care), and 55 have died. Of the discharges, 29 were released on recovery, 4 were dealt with under section 25 of the Lunacy Act and 41 under section 79. Patients allowed out on trial numbered 22, of whom 16 were granted money allowances. These changes leave on the books the names of 464 males and 521 females—total 985. Of this number, however, two are now out on trial (one of each sex), reducing the number now in residence to 983, all of whom we believe

we have seen to-day. There are in the institution only 4 out-county cases. On the basis of estimated total accommodation the number actually in residence shows a surplus of 36 cases on the male side and 47 on the female side. The latter figure, however, is in reality higher by 18, there being this number accommodated at present in the isolation hospital. In view of this position and the fact that 41 female cases are already boarded out in other institutions, it is obvious that the need for further adequate accommodation is urgently required; it is significant to note in this connection that we are informed that the average increase for the last five years of the persons under care in this hospital is 25·6 each year.

The maintenance rate is 22*s.* 9*d.* per head per week for home patients and 35*s.* for private patients. The average weekly maintenance cost as last ascertained being 22*s.* $0\frac{5}{8}$*d.*

We found the patients throughout our visit to the wards quiet, orderly and in the main very contented. Fewer than usual complained of detention and no grievance of any substance was brought to our notice. They were properly clothed and gave every evidence of being well cared for in all respects. Their health generally was good, and the actual sickness was for the most part of a chronic character. There was no dysentery, but there was one isolated case of enteric, now convalescent. The number of persons suffering from tuberculosis to-day is 7, 2 being males and 5 females. The incidence of this disease here during 1925 was below that of the mean of all mental hospitals. The sick patients in bed appeared to be receiving all necessary medical care and attention, but we think that their comfort at meal time would be increased by the provision of a small form of bed table, which might be made in the workshop.

All the 55 deaths were due to natural causes, no one of which gives rise to any material for comment. There were two serious but non-fatal casualties, both fractures of bones accidentally sustained.

On the whole, judging from the dietary scale produced to us and from the satisfactory record kept of the weight of patients, the food is adequate and varied in character. We were not, however, altogether satisfied with the meal we saw to-day served in the wards, which did not appear to us to be generally appreciated, and indeed, we were told by the nurses that soup is not a popular meal. We appreciate, however, that with the present kitchen equipment an occasional soup meal is necessary to use up material that would otherwise be wasted, but we think that all such meals should be followed by a substantial pudding. Having regard to the fact that the kitchen has recently been improved by the addition of a draw-plate oven, we hesitate to urge immediate further additions, but feel strongly that the provision of a Hobart machine at the earliest opportunity would facilitate the utilization in other ways of materials that can now only be used for soup, and generally increase the possibilities of diet variation.

The ward staff now consists of 57 male and 47 female nurses for day duty, with 9 of the former and 13 of the latter for night duty. Compared with other institutions the proportion of female staff to female patients is low, but this, we understand, is temporarily unavoidable on account of the limitation of staff accommodation for nurses of this sex. Of the total 126 male and female nurses, 87 are certificated or registered as mental nurses, whilst 21 others have passed the preliminary examination. This we consider a very satisfactory record.

Dr. Brooks Keith has now the assistance of Dr. Burke as his deputy medical superintendent, and Dr. Haslam, who is acting in a temporary capacity. Having regard to the increasing numbers under care and the desirability in a hospital of this size of the development of pathological laboratory work, we think that the Committee should give serious consideration to the question of the appointment of a third medical officer. The physical side of the treatment of mental disorder is becoming of increasing importance every year, and we consider that the time has come when no mental hospital can be regarded as fully equipped for its work

without a properly fitted and staffed laboratory. With the present restricted staff this would of course be impossible. Notwithstanding these various points to which we have referred we have generally been very pleased with our visit and with the efforts which are being made by Dr. Brooks Keith and his colleagues to secure the best possible treatment and conditions for the benefit of his patients.

Surrey Mental Hospitals.—1. *Brookwood.*

November 5th, 1926.

I have this morning completed my visit to this institution which I commenced yesterday, and am glad to report that it continues to be very well maintained and conducted under Dr. Lowry's administration .

Since my late colleague's visit 11 months ago the following numerical changes among the patients have taken place:—

	Males.	Females.	Total.
Admitted - - - - -	137	137	274
Transferred to other care - -	24	40	64
Discharged - - - - -	55	47	102
of whom recovered - - -	27	28	55
of whom dealt with under s. 79	13	33	46
Allowed out on trial - - -	14	20	34
Died - - - - - -	46	42	88

There are now on the statutory books the names of 1,341 patients in the proportion of 526 men to 815 women. Two of the former sex and 3 of the latter are out on trial, and the remainder of the patients, who are in residence, have to the best of my belief been seen by me during the course of my visit to the wards, gardens, shops and domestic departments.

The only private patients are 38 men of the "Service" and "ex-Service" classes, who are distributed throughout the wards on the male side according to their mental state and conduct.

Out-county patients number 2 males and 28 females, 24 of the latter being received under a contract from West Ham Borough. Notice has been given to terminate this contract at the end of the year. That with the Napsbury Mental Hospital Committee has already been determined.

The total accommodation in the hospital is for 560 male and 833 female patients, so on this calculation there are vacancies for 34 males and only 18 females at present.

The question of the erection of an admission hospital is, I understand, being considered by a special sub-committee. As pointed out by my colleague last year, the question of future needs is urgent.

The weekly maintenance charge per head for the home patients is 22*s*. 9*d*., whilst the average maintenance cost as last ascertained was 20*s*. 9·74*d*.

I found the patients of both sexes quiet and well behaved, and free from any complaints except on the score of detention; the appeals for discharge were not unduly numerous, and in no case did the patient appear to be yet fitted for it.

Their personal appearance and dress were satisfactory, and I was glad to see several of the women wearing their own articles of dress. The state of the men's clothing would I think be improved if a steam press were installed to deal with their outer garments, especially those that have to be washed.

The general health of the patients is good, and of the 38 men and 79 women whom I found confined to bed there were few cases of acute illness, and among them were several cases of very old people.

The only case of epidemic or zymotic disease was one of dysentery in December last year, and it is satisfactory to find that there has been no

other case. Eight men and 6 women are now suffering from tuberculosis, and they are under-going treatment in the open-air as much as possible and are segregated from the other patients.

The mortality rate for last year was low, namely, 5·52 per cent., 7·45 for males and 4·31 for females, that for all mental hospitals being 7·5 per cent., 8·3 for males and 6·9 for females.

With one exception all the 88 deaths in the period under review were from natural causes. In this case death was due to cardiac failure following shock resulting from necessary operation. An inquest was held in this case, and in three other instances where death was found to be due to natural causes.

The chief causes of death were senile decay in 27 cases, pneumonia in 11, heart disease in 8, general paralysis and cerebral hemorrhage in 7 each.

Nine serious but non-fatal casualties have been recorded, all involving fractures of bones, but none call for special mention.

I saw the dinners being partaken of in female block 10. It was a substantial meal and appeared to be appreciated by the patients.

The kitchen in the main building is now staffed under the supervision of the head baker, with a trained ex-army cook as assistant; that in F. block 10 is staffed by women.

A canteen has recently been started on the female side, where the working patients, who receive vouchers from 1*s.* 6*d.* to 6*d.* weekly as a reward for their work, can exchange them for goods.

The fabric of the institution is generally very well maintained, some redecoration of the wards having been carried out and some being now in progress in F. block 10, as well as outside painting there.

Since the last visit the nurses' home extension has been completed, as well as 8 additional cottages for the staff.

The central heating of the wards was brought into use in January last, but owing to the coal strike it has not been found possible to start it again this autumn.

I found, however, open fires and some esse stoves alight in many wards, and all the places where the patients were sitting, comfortable and at a proper temperature. There was a very fine display of chrysanthemums throughout the wards.

For those in bed in single rooms, whilst the central heating is not on, I think there should be a larger supply of hot water bottles.

The new sanitary spur has been brought into use in F. block 10, as well as the additional lavatory basins, fitted with hot and cold water supplies, in the dormitories there.

I notice that there were no letter boxes in the day rooms of the wards where the patients can post their own letters. This is now general in most institutions of this kind.

The suggestions by my Board to have the areas of the day rooms and dormitories indicated by a label, which may be of quite an inexpensive kind, attached to the walls has not been adopted, although I was informed that the information is recorded in a book.

I understand that extracts from my Board's Annual Reports for the past two years dealing with the provision of laboratories, X-ray installations, treatment by ultra-violet radiation, and provision of clinical rooms, have been circulated among the members of the Visiting Committee, and I hope that they will see their way to adopt the Board's suggestions.

The present staff of nurses is—

	Males.	Females.	Total.
Charge - - - - -	9	12	21
Ordinary - - - - -	65	70	135
Night - - - - - -	12	15	27

No women nurses are employed on the male side.

Twenty-five of the male and 19 of the women nurses are certificated or registered as mental nurses, while 17 other men and 25 other women have passed the preliminary examination.

There appears to be an adequate number of nurses on the male side, but the number of female nurses is low.

Dr. Lowry has the assistance of Dr. McCord, Dr. Wilfred Russell (on a temporary footing) and of Dr. L. Barber as medical officers.

This proportion of assistant medical officers, namely, 1 to 445, does not appear to be sufficient, and I hope the Committee will consider the appointment of an additional medical officer.

Surrey Mental Hospitals.—2. Netherne.

November 10th, 1926.

We have to-day finished our visit to this institution, which we commenced yesterday, and generally are very well satisfied with the state in which we have found it, and the care and attention which are being bestowed on the patients.

Since our colleagues' visit nearly 12 months ago, the following numerical changes have taken place among the patients:—

	Males.	Females.	Total.
Admitted - - - - -	215	121	336
Transferred to other care - -	62	13	75
Discharged - - - - -	109	49	158
of whom recovered - - -	23	21	44
of whom dealt with under s. 79	15	19	34
Allowed out on trial - - -	22	22	44
of whom granted allowances -	9	2	11
Died - - - - - -	39	33	72

In the above number of males admitted and discharged are included 62 patients who were transferred to the " Service " class from the rate-aided class.

There are now on the statutory books the names of 998 patients, in the proportion of 394 males to 604 females; of these 113 men and 59 women are classified as private patients, 76 of the former being of the " Service " and " ex-Service " class. Out-county patients number 15 males and 46 females, 32 of the latter being received under a contract with the Napsbury Committee, notice to determine which has been given, and 9 are children received under contract from the Borough of Brighton. The remaining out-county patients are chargeable to some 16 various unions.

The total accommodation in the hospital is 382 males and 570 females. As 19 boys are warded on the female side, there is an excess of 51 patients in this division, whilst there are 7 vacancies on the male side.

Two female patients are away on trial and one woman on special leave, leaving 394 males and 601 females in residence.

During the year 1925 the average number of patients resident was 388 males and 577 females.

The weekly maintenance rate for the home patients is at present 22*s*. 9*d*., the actual maintenance cost being practically the same, namely, 22*s*. 9·072*d*.

The charge for private patients is from 35*s*. to 47*s*. 3*d*.

To the best of our belief we have seen all the patients in residence, and given them an opportunity of speaking with us and airing any of their grievances, but, apart from the question of their detention, we received no complaints, and we found the patients of both sexes quiet and orderly in their behaviour and contented with their surroundings.

Their dress and personal appearance were satisfactory, and we were glad to see a good variety of style and colour amongst the women's

dresses, and that several were allowed to wear their own garments. We think that the appearance of the men's outer clothing, especially that which has to be washed, would be improved if a steam clothes press were installed.

Parole is given within the estate to 33 of the men and 7 of the women, whilst 50 other men and 10 other women have partial parole. Both the male and female villas are administered upon the open-door principle, as well as the infirm wards in each division.

The dietary appears to be good and sufficient and free from monotony. We yesterday saw a good dinner, consisting of meat pie, potatoes and cabbage, followed by boiled rice and jam, being partaken of in some of the wards. It was well served and appreciated by the patients.

The kitchen is now well equipped, and the only item which appeared to be lacking is a **fish fryer.**

In the bakehouse we noticed that the dough mixer can be worked whilst the lid is open, an operation which may be dangerous.

The fabric of the institution is well maintained, and some repainting has taken place, and some is now, both inside and out, in progress.

We found the day rooms and galleries comfortable and at a good temperature, the central heating being on. The dormitories and single rooms were clean and well kept, the bedding being very neatly arranged on the beds, and in a good state of cleanliness and repair.

Generally the day rooms were very well supplied with plants and flowers, especially on the female side, but there was almost an entire absence of any in male ward 7 and in a day room in the male admission hospital.

We agree with our colleagues' remarks in the last entry as to the scarcity of books, papers and bound periodicals in the wards. For example, in male wards 2 and 4 where there were 19 and 36 patients respectively, there were only 12 books in each. In the male villa, where there were 27 patients, there were only 8 books, and in female ward 3, 6 books to 29 patients, and in female ward 12, 4 books for 35 patients.

There appeared to be also some shortage of pianos on the male side; for instance, in male ward 8, where some 60 working patients live, there was no piano.

Wireless receiving sets have been installed in one ward on each side, the male villa and female ward 4.

The patients are generally well classified in the wards, but this classification somewhat breaks down in the ward gardens, where the patients from several wards are mixed.

It seemed to us that these ward gardens should have planted in them some flowering shrubs, as they appeared bare as compared with the beauty of the grounds outside, and it seems a pity not to plant up by the dividing railings between the gardens so that the patients in one garden cannot see those in the next.

Alterations and improvements which have been completed during this year include the erection of two verandahs at the admission hospital, the extension of the nurses' block, the erection of a cricket pavilion on the recreation ground, and of 12 cottages for the staff. In hand is the erection of 12 additional cottages for the staff.

Among the deaths was the case of a woman who had sustained a fractured leg by a push from a fellow patient; it was the subject of an inquest. Other casualties at all serious in nature have been six cases of fracture and three of dislocation; two of these were caused by being pushed down by another patient, the rest being the result of simple accidental falls.

With the exception of the above-mentioned death, all the 39 male and 33 female deaths were from natural causes. In only 44 per cent. were these verified by post mortem examination; we hope that serious and persistent effort will be made to increase this proportion. We noticed, with regret,

that the notes made at autopsies seldom record the condition of the intestinal tract, an important matter in connection with dysentery.

Exclusive of some 7 more or less crippled cases in cots at North Villa (for idiot children) we found 25 male and 71 female patients in bed, or just under 10 per cent. of the total in residence. Sixteen of these patients were in beds on verandahs, which can accommodate about 42 beds. They all appeared to be being nursed with skill and care. We were glad to be informed that a further provision of bed tables, of which there is clearly a shortage, is about to be made. Both a good dental room and operating room exist here, and, with the aid of a visiting surgeon attached to the resident medical staff, it was satisfactory to find that the surgical needs of the patients receive thorough attention. In the absence of arrangements for the treatment of general paralysis by induced malaria, the Committee are wisely willing to arrange to send such cases to a neighbouring mental hospital where this method is in use. We saw a man (W. G.) who seemed to us an eminently favourable case for this treatment.

Tuberculosis, a close watch upon which our Board regard as very important, seems to show a satisfactorily small incidence so far as known; there are 5 cases, all but one of which are on the female side; and, in support of the accuracy of this estimate is the comparatively small number of deaths (1 male and 5 females) from this disease, and the fact that two of the five women were recent admissions already suffering from it.

Apart from this incidence, there has been a complete freedom from infective disorders with the exception of two cases, which, out of 7 cases of diarrhœa, were regarded as dysentery.

The death rate during 1925 was 7·7 per cent.—10·8 and 5·7 being the percentages respectively on the male and female sides.

There is still no laboratory here; but there is a room admirably suited for the purpose, and, indeed, already partly fitted up, and we are particularly glad to know that this important provision is under sympathetic consideration. We notice, too, with satisfaction that clinical rooms have been arranged at the admission hospital and the infirmaries; we hope that this provision will be extended ultimately to all the wards. The standard of note-taking reflects credit on the medical staff, but we are sure that this duty would be rendered much more interesting were the clinical records—one for each patient—kept in the wards.

The present nursing staff consists of:—

	Men.	Women.	Total.
Charge - - - - - -	10	13	23
Ordinary - - - - -	45	63	108
Night - - - - - -	8	9	17

Of the male nurses just under 50 per cent. and 27 per cent. of the women are certificated in mental nursing; one member of the female staff is away completing her training at a general hospital.

Dr. Coombes is manifestly actuated by a desire to maintain a spirit of progress here. As medical colleagues he has to assist him Dr. L. M. Webber, Dr. J. H. Ewen and Dr. T. Paton. Though we understand that the matter is not one of present urgency, we notice that, while a good provision of detached houses for the male staff is made here, there is none for the deputy superintendent.

East Sussex Mental Hospital.

February 18th, 1926.

The hospital is in such admirable order and the patients are evidently in receipt of such judicious and tactful care that we have but few comments to make.

We may say at once that there was, amongst those patients who were able to appreciate their surroundings, an air of content, and that there

were many quite voluntary expressions of gratitude for what has been and is being done for them.

The dress of the female patients receives careful consideration, as is apparent from the neatness of their clothes and the variety of the material in use, and we should not omit to note that 16 per cent. of the women wear their own dresses. We were glad also to notice that boots and shoes are gradually being introduced, which are a great improvement on those which were formerly issued to the patients.

The diet seems to us to be carefully considered; it is varied, so far as we could judge of very good quality, and fruit is now served once a week throughout the institution. We yesterday saw well cooked and nicely served dinners, which were ample in quantity and which were well appreciated.

Most of the day rooms are divided for the better arrangement of the inmates, and the only comments we would make are that we should like to see a much larger number of books and periodicals, the former in uncurtained shelves, in each division of the ward, so that the patients may have a greater choice, and even although there may almost of necessity in some wards be a very considerable destruction. Even in those wards where the most acute and unruly patients are, we are satisfied that such provision would have an ameliorating effect. Experience has taught us this. We would also suggest that no one division of a ward should be more comfortable or attractive than another, but that all parts of the ward should be equally so.

Electrically heated cupboards in the wards would be found useful for warming plates, and the good steeping tanks in the foul laundry should, we think, be supplied with live steam.

In conditions which are so good and so well recognized by us, the foregoing may seem but small matters; we feel, however, that they will be received in the helpful spirit in which they are put forward.

Since the last visit a very considerable body of work, all tending to the improvement of the hospital, has been effected.

The new staff infirmary (male and female) and the operating theatre have been completed and are in active use. They appeared to us to be admirably adapted for their respective purposes.

Letter boxes have been provided for the patients' use throughout the wards, and a large amount of redecoration and renovation has been carried out. A block consisting of 32 bedrooms and a recreation room for nurses, and the provision of verandahs for A and B female and G male wards in the main building and for the male and female sides of Park House, the admission villa, are now in progress, and we doubt not will prove of the greatest use in the outdoor treatment of such patients as may be considered likely to receive benefit from it.

The Committee have shown such a desire to do so much for the benefit of the hospital and its administration that we are encouraged to suggest for their consideration the provision of an X-ray apparatus and of continuous baths in the male and female divisions of the admission hospital and in one of the acute wards on each side.

The installation of a cinema has, we understand, been under consideration. Knowing the approval with which it has been received in other mental hospitals and the amount of pleasure it has afforded to the inmates, we could wish that the Committee's consideration will prove favourable.

Since April 30th, 1925, there have been 224 admissions, 87 patients have been discharged, 67 upon recovery, 4 patients have been dealt with under s. 25 of the Lunacy Act, 6 under s. 79, and 4 under s. 57, and arrangements are now in progress for further action under s. 26.

Fifty-two patients have been allowed on trial, to 22 of whom money allowances have been made.

The number in the statutory books is 1,212, males 487, females 725, of whom 134 are private patients, the "Service" being 32. Out-county

patients are in number 256, males 97, females 159, of whom 84 males and 148 females are Hastings and 8 males and 2 females are Eastbourne patients. On trial there are 8 patients, leaving in residence males 484, females 716, and these, we understand, we have seen.

Ten patients have parole beyond the estate and 90 have the freedom of the grounds.

There is an excess of 37 males and 53 females.

When "The Firs," now used in part as accommodation for night nurses, is brought into full use for patients, it will afford a small measure of relief; but, when the question of further building has to be faced, we hope the provision of two small convalescent villas as auxiliary to the admission hospital will not be lost sight of.

The maintenance rate for home patients is 23*s*. 11*d*. per week and for private patients 40*s*. 3*d*.

Mechanical restraint has been used only for two patients.

The staff consists of—

Charge male nurses -	10	Charge female nurses -	16
Ordinary - - -	50	Ordinary - - -	80

for day and 11 and 16 respectively for night duty.

Female nurses are employed on the male side to the number of 14.

About 77 per cent. and 46 per cent. of the male and female staff respectively are certificated or registered as mental nurses, whilst 16 per cent. and 23 per cent. of them have passed the preliminary examination. A very satisfactory record.

The incidence of infectious diseases would appear to have been remarkably and gratifyingly small. Apart from five sporadic cases (1 male patient, 2 females, and 2 women nurses) of scarlet fever, and some few cases of influenza among the female staff, such incidence has been entirely limited to tuberculosis, and within a margin which—having regard to its occurrence in the general community—would be probably regarded by most critics as almost inevitable. Thus, out of 35 male and 46 female deaths, 2 and 4 respectively (i.e., 7·4 per cent.) were due to tuberculosis, and, so far as ascertained, there are 14 male and 6 female cases of this disorder at present in the hospital, i.e., 3 per cent. and 0·9 per cent. respectively of the patients in residence.

Among the deaths was that of a woman of 65 who had fractured her thigh about a month before admission, and who, without improving sufficiently to leave her bed, died nine weeks after admission. Apart from this case, which was the subject of an inquest, all were from natural causes, verified in 65·4 per cent. by post mortem examination—a proportion which we hope it will be found possible to augment.

Casualties of at all a serious nature have been 4 cases of fracture and 1 of dislocation, all accidental in origin, and a case of injury to the face caused in an altercation with a fellow patient.

We saw 25 male and 64 female patients in bed, i.e., 7·6 per cent. of the total patients in residence.

Though we could wish that some ground floor space on each side of the admission hospital were available for dormitory use by day, we can nevertheless say that the patients are being well nursed under excellent conditions, and are evidently in receipt of first-rate attention.

We thought an addition to the supply of bed bottles seemed needed. We especially hope it may be practicable to arrange a clinical room in connection with each ward.

Visiting the laboratory, it was interesting to be shown by the pathologist (Dr. A. G. Shera) the work in progress, and to see the full use made of this important part of the hospital's medical resources.

Dr. Taylor is away on a short holiday, and Dr. Nolan, the deputy superintendent, is absent on three months' study leave.

In their absence we received all possible assistance from Dr. Duncan, who has a thorough knowledge of the whole administration of the hospital.

He and his two junior colleagues (one of whom is on a temporary footing) have also an excellent knowledge of the patients, and were able to give us much help in regard to them during our visit to the wards.

West Sussex Mental Hospital.

February 12th, 1926.

This hospital is in really excellent order, the wards are a picture of institutional neatness and tidiness, the smaller ones being especially homely in their conditions and all comfortably warm, though the day was an exceptionally cold one. We understand, however, that the present system has given the Committee cause for consideration. The patients—we understand we saw all in residence—were well clothed, and it is evident from their appearance, as well as from what we saw on our visit to the needle room, that careful attention is given to this detail, and we were glad to find that 14 per cent. of the women wear their own dresses.

They were entirely without complaint in regard to their treatment, they seemed, indeed, to be on most friendly terms with the nursing staff, and not a few of the more intelligent amongst them expressed themselves in terms of appreciation as to what is being done for them and to make their enforced detention as little irksome as it is possible. It should be especially mentioned that as many as 70 per cent. of the male and 50 per cent. of the female nurses are certificated or registered as mental nurses, and that the assistant matron is doubly qualified. Great interest is taken in the occupations and amusement of the patients, and every endeavour is made to encourage them to engage themselves in some form of work.

The entertainments are frequent, some are taken for drives, those fit for it are allowed to visit their friends, and 19 have parole beyond the estate (males 12, females 7), and 20 men and 24 women have the freedom of the grounds. There are also privilege wards where trusted patients are allowed to sit up beyond the usual retiring hour. We note also with approval that in the kitchen individual attention is given to teaching recovering patients who show any aptitude, plain cooking, with a view to help them get situations on discharge.

The dairy has been tiled for hygienic reasons and a pipe is in course of being laid to provide live steam for the cleansing of the milk cans, whilst plans have been prepared with a view to a water softening installation.

This hospital has, as part of its equipment, an excellent X-ray apparatus, at present fixed in a temporary hutment, and we suggest that it might be wise, in view of its value as well as for other reasons, that a more permanent building should be constructed for its accommodation.

At their last visit our colleagues mentioned that the Committee had, amongst other matters, under consideration the erection of an admission hospital, but we understand that, for the moment at any rate, the idea of making any such provision has been dropped. The generally approved method of dealing with new admissions and recoverable cases—a course which has the entire sympathy of our Board and is always adopted in the erection of new or the adaptation of old hospitals—is, through the means of an admission hospital and its auxiliary convalescent villas, so that patients who recover may eventually be discharged without association in any way with those who are suffering from mental illness of long standing. We hope, therefore, that this important question will not be lost sight of, and that when it is necessary to make further provision on that side of the hospital where the question of accommodation has become acute, the Committee will at any rate consider the advisability of making provision of this character.

We are very pleased to know that separated milk is no longer supplied as an article of diet.

The Board's circular of July, 1925, and the reply of the Committee of November 30th, more especially in reference to the provisions of s. 26 of the Lunacy Act, have been the subject of conversation between Dr. Kidd and ourselves; we think there has been some slight misunderstanding as to our Board's suggestions, and Dr. Kidd has promised again to bring the matter before the Committee.

There have been 136 admissions since February 18th, 1925, 52 patients have been discharged, of whom 42 had recovered, 4 have been dealt with under s. 79 of the Lunacy Act, and 42 have been allowed on trial, to 8 of whom money allowances have been granted. The power to make money allowances is, we always think, a most salutary one, and may be of the very greatest help in relieving anxiety and helping a patient at a most critical time.

There are 72 private patients, and those classed as " Service " number 22. The total number of patients on the books is 758. The out-county patients are 27, those under contract from Croydon Mental Hospital being 26.

Three patients are on trial, leaving in residence 755, males 306, females 449.

There are vacancies for 33 men and 9 women.

For home patients the maintenance rate is 23*s.* 4*d.* and for private patients from 24*s.* 6*d.* to 5 guineas.

There has been no mechanical restraint.

The staff consists of—Sisters on the female side, 7; charge male nurses, 5; charge female nurses, 5; ordinary male nurses, 40; ordinary female nurses, 47, for day, and 6 and 12 respectively for night duty.

In addition to what we have already said as to the nursing staff, it is a matter for congratulation and notice that but 22 per cent. of the female nurses have under a year's service and that 25 per cent. have been in the service over 5 years.

Omitting a few patients in bed merely for routine physical examination, of the wisdom of which practice we are sure, there are 17 men and 40 women under treatment in bed, i.e., 7 per cent. of the total in residence. Some half dozen were senile cases, 18 were in bed on account of active mental symptoms, and about 7 were recent admissions. All were being clearly treated under the best hospital conditions, and putting aside the question of separate accommodation for recent cases, the only deficiencies in nursing facilities which we noticed were (1) as to the number of hot water bottles (there should, we think, be at least one for every verandah bed), and (2) as to the extent of verandah provision; the latter is fully recognized and will doubtless not be forgotten. The clinical records made and kept in the wards are excellent, and they include full and creditable nurses' notes kept for each patient.

In the early part of last year and similarly this year, as is so common at this season, influenza attacked some 74 patients and 19 members of the staff. But the health generally of the patients is evidently very good. For, apart from the above cases and the incidence (the smallness of which is undoubted) of tuberculosis, there has been a complete freedom from infective disorders. As to the latter, the ascertained number of tuberculous cases is at present 3 on the male and 6 on the female side (only 3 of which need bed treatment), and there is only one case (a male) among the 32 deaths.

These deaths, equal in number as to sex, were verified by post mortem examination in the good proportion of 78 per cent. Among them was the case of a woman who died from a central cerebral hæmorrhage, believed, after careful examination, to have no connection with an accidental fall which she had some days previously, and which, it transpired, had caused a linear fracture of the occipital bone. None of the other deaths call for special allusion. Apart from the case just mentioned, the only casualties of a serious nature have been 4 cases of fracture and one of dislocation;

of these two were due to a push from a fellow patient and 3 to accidental falls.

The value of out-patient advice and treatment is not overlooked, and, although we would wish it were conducted in the out-patient department of the neighbouring General Hospital, we are glad to know of the work in this direction undertaken by Dr. Kidd at Graylingwell.

Warwickshire Mental Hospital.

November 12th, 1926.

Visiting during yesterday and to-day, I received a most favourable impression of the way in which the hospital is administered and of the very evident spirit of progress which prevails throughout.

Excellent medical work is carried on in the wards and in the laboratory, where bacteriological, chemical and other investigations are undertaken by Dr. Forrester and Dr. Gamble, and, while special energy is devoted to the treatment of recent acute and convalescent patients, the others are by no means lost sight of, and everything possible is being done to make the lives of those whose detention is likely to be prolonged as happy as their mental condition permits. That this is successfully carried out can be seen from the attitude of the patients to the members of the staff and from their expressions of gratitude for what is being done for them.

Many of the matters to which my colleagues drew attention at the visit in April, 1925, have received attention, and others will be remedied when the opportunity occurs. A third assistant medical officer and a visiting physician and a visiting gynaecologist have been appointed, and Dr. Forrester sees out-patients at the Leamington and Coventry Hospital, and for this purpose has been attached to the hospital staff. Alterations have been made in the recreation hall, a cinema has been installed, and a fish fryer has been placed in the kitchen. It is hoped that electric lighting will be installed within a year from now, and that when this is done rooms at the treatment centre will be arranged for electric therapy and X-ray treatment. The hut attached to the patients' canteen is being erected, and plans are now under consideration for a sun verandah for Male 3, a verandah at Leigh House and for a new sanitary annexe at Male 3. It is hoped also to arrange for continuous baths in the admission wards on both sides.

The introduction of a thorough system of classification amongst the patients, which must be of great benefit to them generally, has necessitated some overcrowding in the wards where the more chronic cases are housed, especially on the female side of the building, and as this side already accommodates as many patients as the night space will allow, it is difficult to see how the matter can be remedied. The quesion of providing further accommodation for women will need the careful consideration of the Committee, and I hope they will not lose sight of the necessity for the provision of an admission hospital and convalescent villas or cottages when circumstances permit.

Another matter which needs great consideration is the accommodation for the nursing staff and the provision of reasonably good rooms for their recreation, etc. At present over one-third of the female and 12 of the male nurses have to share bedrooms, and the nurses' recreation room is a very poor room opening out of the wards.

I am sure the Committee will recognize the necessity for improvement here so that a good type of candidate for the nursing service may be induced to apply.

One other important matter to which I would draw attention is lack of accommodation on the female side for occupations of patients. The only room now in use is part of ward 7, and its use not only detracts from the amenities of the ward but provides a very poor room for the purpose of a sewing room. It is well recognized that occupation for patients is a most

valuable aid towards their recovery and general happiness, and measures are being taken to introduce various industries throughout the institution for their benefit, but the lack of space is much felt. It is hoped that the Committee will be able to consider the erection of an occupation centre on cheap lines, and perhaps in the near future to appoint an occupation officer to take charge.

Plans are now under consideration for alterations and improvements to the laundry, and it is hoped that this work will be undertaken shortly.

The question of the after-care of patients who are discharged either recovered or to live with their friends is receiving consideration, and negotiations are now in progress with the County Voluntary Association. This Association has a representative, I believe, in every village in Warwickshire, and their help and the good they could do in giving advice to discharged patients and information with regard to family histories, the patient's history and the conditions of the home, would be of the greatest benefit both to the patients and the medical staff.

The changes that have taken place amongst the patients since the last visit leave on the books the names of 1,098, 459 men and 639 women, and I believe I have seen all except 2 men and 4 women who were out on trial.

Private patients number 93, 50 men and 43 women, 34 of the former being "Service" patients, and 2 women and 1 man are chargeable to out-county unions.

The maintenance charges are 22*s*. 2*d*. for home and from 31*s*. 6*d*. to 84*s*. for private patients.

There are vacancies for 49 men but only one woman.

I found the wards very well kept, and they are comfortable, prettily decorated and well warmed. There appeared to be a good supply of books, which are changed frequently, and of other amusements. I was particularly struck with the comfort of the wards for the convalescent patients, and was much interested to see in the evening, in the female convalescent wards, dancing and other games being enjoyed by the female patients, in company with the male patients who were visiting from the male convalescent ward.

The patients' clothing and bedding was very satisfactory.

The stock, which was short on the male side, is being made up, but I noticed the absence of slippers for the women, and I hope better arrangements will be made for the care of the night-dresses for the women in the more troublesome wards.

The patients were very quiet and orderly, and I received no reasonable complaint of any kind as to their treatment, though, as usual, a number objected to their detention. Their diet is well varied and some addition to the bread and margarine is given every day for both breakfast and tea. No butter is issued, and I suggested that dripping might be given as often as possible instead.

There has been no use of mechanical restraint.

The 137 deaths were all due to natural causes, the chief of which were heart disease, senile decay and general paralysis, 19 men and 4 women.

In 101 cases the diagnosis was confirmed by a post mortem examination.

The hospital has been entirely free from epidemic disease, and at present only 4 men and 8 women are known to be suffering from tuberculosis.

The staff consists of 47 male and 94 female nurses for day and of 9 male and 12 female nurses for night duty. Those who are certificated or registered as mental nurses number 26 men and 30 women, and 7 of the former and 10 of the latter have passed the preliminary examination.

A new matron, Miss Little, from the Maudsley Hospital, has joined, and as one of her assistants she has another doubly trained officer. This officer is in charge of the casualty department, where most of the dressings and minor operations are done, and she also supervises the sick nursing and instructs both the male and female nurses in practical nursing.

Dr. Forrester has the assistance of Dr. Leech, Dr. Mary Littlejohn, who has taken the D.P.M., and of Dr. Flora Gamble, who is now working for the same examination.

In conclusion, I would say that I was most pleased with my visit and with the many minor improvements which are being carried out for the benefit of the patients, and which were too numerous for me to mention here.

Isle of Wight Mental Hospital.

February 8th, 1926.

After our inspection of this small mental hospital, in the course of which we have seen all the patients in residence, we can say that they appeared to be contented, and we received no complaints in reference to their treatment, surroundings or diet. As to the diet, we heard that improvements have been made which have given satisfaction, but a breakfast of bread and butter and jam only on some days appeared to us to be meagre for private patients, although we know the weekly charge is not a high one.

Some redecoration is needed in places, and we hope when this work is taken in hand an endeavour will be made to introduce bright colours with a varnished face.

There is a want of books and bound periodicals in some wards, and in F.5, where the more degraded type is in residence, the conditions are very bare and unattractive, the walls being practically without pictures, and there are no plants to improve the appearance.

A doubly qualified matron has lately been appointed who is evidently taking a lively interest in the patients. She is giving attention to the dresses of the women, and we are glad to hear that each patient will, ere long, be supplied with her own marked underclothing. We drew attention to some of the ill-fitting boots worn by the women, and this matter will, no doubt, receive attention. On the male side night dresses are on order.

The kitchen-scullery has been greatly improved, and we are glad to learn that the question of installing a cinema is being considered; we hope it will soon be an accomplished fact and that the long delayed provision of a laboratory will soon be taken in hand. We are glad to know that an endeavour is made to get as many to occupy themselves as can be induced to take part in the activities of the hospital, and already there appears to be an increase in the number of those who are engaged in the laundry and sewing rooms. We think a calender is much needed in the laundry.

Since February 16th, 1925, there have been 63 admissions, 43 patients have been discharged—33 recovered—2 have been dealt with under s. 25 of the Lunacy Act, 3 under s. 79, and 29 have been allowed on trial. In 3 instances only have money allowances been granted, but we hope due consideration is given to this salutary provision in the case of all patients sent on trial to whom monetary assistance at such a time would really be helpful. On the statutory books are 117 males and 203 women, of whom 55 —17 gentlemen and 36 ladies—are private patients. The "Service" patients number 9 and there is one out-county patient. Two patients are on trial, leaving 116 males and 202 females in residence. Nine patients have parole beyond the estate, and 28, 24 men and 4 women, are allowed the freedom of the grounds. Some patients evidently appreciate the privilege of being allowed to attend services at the church at Gatcombe. There is an excess of 5 patients on the male side, but on the female side there is room for 13 more.

The maintenance rate for home patients is 20*s.* 6*d.* and for private patients from 38*s.* 6*d.* to 5 guineas.

There has been no mechanical restraint.

The staff consists of—charge male nurses 5, ordinary male nurses 13, charge female nurses 6, ordinary female nurses 22, for day, and 4 and 7 respectively for night duty. Five male and a like number of female nurses are certificated or registered as mental nurses.

We saw 11 male and 23 female patients in bed, i.e., about 10 per cent. of the patients in residence. They seemed to us to be in receipt of careful nursing. We were very glad to hear that, beside the matron, there is a sister who has had full general as well as mental hospital training, and who is giving much assistance in the teaching of the staff on both sides; but, apart from this fact, there are as yet no women nurses employed in the male wards. There have been two cases of fracture, the cause in each instance being quite accidental. During the end of last year and in January of this year some 20 patients (mostly women) and 11 members of the staff were attacked by influenza, and there was a sporadic case of enteric fever on the female side last September. Among the deaths there was one case of tuberculosis, and there is at present under observation on the male side another case of that disease in its so-called surgical form. The incidence of infective diseases may be thus said to be practically negligible, and the health generally of the patients seems to be satisfactory. The 8 male and 14 female deaths were all from natural causes, verified by post mortem examination in the very fair proportion of 70 per cent. of these cases, none of which calls for special mention.

Wiltshire Mental Hospital.

October 9th, 1926.

At the last visit various suggestions were made by our colleagues in reference to matters which they thought required consideration, and which, if carried out, might add to the amenities of the institution and the well-being of the patients.

We are glad to see that the practice of having open door wards has received attention, and that a real endeavour is now being made to bring it into practical effect on both sides. Improvements have been made in the mortuary, but we have made a suggestion to Dr. Cole which will further improve the viewing room and which we doubt not will be duly carried out.

Some nail brushes have been provided and some attempt has been made to give more privacy in the women's bath rooms, but with bath rooms so restricted in size we think that the only method in which any real improvement in the bathing arrangements can be made is by supplying dressing gowns to the women and permitting them to undress in the adjoining ward.

In our progress through the wards we could not but be struck with the shortage of nurses in some of the wards. In three wards on the female side—wards 4, 6 and 8—this was strongly marked; in these wards, where the patients numbered 72, 50 and 52, and where there were epileptic and actively suicidal patients, it was evident that at times there would be only one nurse in each ward, a condition which cannot be justified and which is neither fair to the staff nor in any way sufficient for the safety and due care of the patients. This is a matter which in our opinion should receive immediate attention.

As to the supply of books and their access by the patients, whilst the number of volumes in use was fairly numerous, we gathered that they were only changed at long intervals, and we think that the arrangements in regard to the library is in need of a thorough reorganization.

There appears to be a lack of stock-room accommodation, bath rooms being in some instances used for this purpose, and we thought some improvement might well be made in the type of boots and shoes which are supplied for general use.

A billiard table in the male annexe we are sure would be appreciated by the patients who are warded there, and, though we have nothing but what is favourable to say of the clothing and condition of the patients on each side, we think that a steam press for the men's clothes, such as is now in use in many hospitals, would be found most useful.

We have seen all the patients in residence and are fully satisfied that they are in receipt of tactful care and supervision. They appeared to us, apart from a natural desire in some instances for discharge, to be as contented as their circumstances permit. We had, in fact, no complaints in regard to diet, but we do note that on only two days in the week are any extras given at breakfast, on but three days for tea, and that for dinner puddings are only provided every second day. We suggested to Dr. Cole that in the wards where the better patients are they might be allowed to spread their own bread, and to have teapots instead of being supplied from the general urns.

We know that, where such a practice has been adopted, it has been greatly appreciated.

Since May 25th, 1925, there have been 342 admissions, 58 have been transferred to other care, 96 discharged, of whom 61 had recovered, 3 have been dealt with under s. 25 of the Lunacy Act, 8 under s. 79, and as many as 86 have been allowed out on trial. We are glad to know that attention has been given to the granting of money allowances, as there has been an increase in this practice since the last visit.

The deaths numbered 118.

There were on the statutory books 1,162 patients, males 478, females 684, of whom 64 are classed as private, inclusive of 34 " Service " patients.

There are 107 out-county patients, including 34 from Springfield Mental Hospital, 34 from Napsbury, 25 from Notts City, and 10 from Croydon Mental Hospital.

Four patients are on trial, leaving in residence 1,158, males 476, females 682.

Parole within the estate is granted to 26 patients, but we trust that a more extended freedom beyond the grounds will be adopted in the case of suitable and trusted patients.

From the returns made to us there appears to be room for 41 male patients and an excess of 15 patients on the women's side, but from our observations we think that, as soon as all the rooms have been measured up in accordance with the Board's suggestions, careful consideration will have to be given to this question, so that there may be an accurate ascertainment of the actual position.

The maintenance rate for home patients is 18*s*. 11½*d*. and for private patients from 25*s*. to 31*s*.

There has been no mechanical restraint.

A patient complained that he had seen a fellow patient ill-used by an attendant. We saw the patient, had him stripped and examined, and fully enquired into all the circumstances. In our opinion there are no grounds for the charge, and we are fully satisfied it is wholly unfounded.

The staff consists of—

Charge male attendants -	10	Charge female attendants -	11
Ordinary - - - -	39	Ordinary - - - -	52

for day, and 13 and 14 respectively for night duty.

Six nurses are employed on the male side. There are 46 male and 7 female nurses who are certificated or registered as mental nurses; 14 of the former and 2 of the latter have passed the preliminary examination.

The health of the patients appeared to be good, and there are at present no actual cases of dysentery and only 6 known cases of tuberculosis in the institution, but during the period under review 33 patients have been attacked by dysentery, 20 on the female and 13 on the male side, with fatal results in 7 cases, and 25 patients, 11 males and 14 females, have died from tuberculosis.

The records of these diseases are considerably higher than the average of all mental hospitals, and we hope serious consideration is being given to precautions to minimise the risk of infection spreading and that all possible steps will be taken to give patients power to resist infection if and when it is present.

In this connection we called attention to the lack of fresh vegetables and butter in the diet (drawing attention to the Departmental Committee's report) and to the necessity of using the utmost care in the disinfection of all clothing from the wards where dysentery patients are isolated.

We would again strongly recommend the establishment of a clinical laboratory where routine investigations can be carried out as an aid to diagnosis, and the appointment of a technical assistant to work under the medical staff.

The large majority of those confined to bed were in the infirmary wards, and we are satisfied that they were being carefully nursed, but the absence of verandahs attached to these wards is a considerable drawback. We should like to see glass-topped hospital trolleys provided for surgical dressings, and we would draw attention to the necessity of keeping medicines in all wards under lock and key in special cupboards.

We must not omit to say that we found the wards, dormitories and beds throughout the institution well kept and in capital order.

With two exceptions, where death was accelerated by fractured bones, all the deaths were due to natural causes, and in the large majority the causes were verified by a post mortem examination.

Dr. Cole has the assistance of Dr. Leach, the deputy superintendent, Dr. Geo. Thomas and Dr. Spear.

Worcester County and City Mental Hospital, Powick.

July 19th, 1926.

I have to-day paid the annual visit on behalf of my Board to this institution, and can report that it continues to be well maintained and carried on for the welfare of those resident therein. I am glad also to find that several of the suggestions and recommendations of my colleague on his last visit have received the attention of the Committee, and some have been adopted. A visiting dentist has been appointed who visits fortnightly, and a fully equipped room has been provided for his use in the centre of the annexe. A new medical officer has recently been engaged in the place of the lady member of the staff, and he will act as pathologist, and a small laboratory is being fitted up for his work. The provision of a continuous bath on the female side is in hand, and plans have been got out for the erection of a verandah in male ward 1 and will shortly be submitted to my Board.

I regret to say that the question of the installation of electric current for lighting and other purposes has been postponed, owing to the failure of the terms of agreement with the City of Worcester as to the site and tenancy of the sub-station and transformer. The want of electric current renders the provision of a cinematograph, and kitchen facilities, such as a potato peeler and Hobart mixer, impossible at present.

The work of connecting the hospital with the main for supply of water by the Corporation of Worcester is completed, and since the beginning of last month, when the water was turned on, this has been the only supply in use, and is very satisfactory.

A pair of houses for the clerk and steward have been provided, and the freehold of a piece of land, 9·924 acres in extent, immediately opposite to the front entrance and formerly leased, has been purchased.

In the period, rather over 10 months, since my colleague's visit, the following numerical changes have taken place among the patients:—

	Males.	Females.	Total.
Admitted - - - - -	99	100	199
Transferred to other care - -	6	6	12
Discharged - - - - -	16	20	36
of whom had recovered - -	14	17	31
Allowed out on trial - - -	14	20	34
to whom granted allowances -	6	3	9
Died - - - - - -	16	34	50

In the above number of admissions are included 60 men and 40 women chargeable to Birmingham, who have been received under a contract and transferred from Barnsley Hall Mental Hospital. The patients received under contract now number 160, 140 (60 men and 80 women) from Birmingham, and 20 women from Cambridge. There are now on the books the names of 1,006 patients, in the proportion of 415 men to 591 women. No one is out on trial, and to the best of my belief I have seen them all and given them an opportunity of speaking with me, and to four, whose names I give in the Patients' book, I gave special interviews.

Private patients number 54, 47 men, of whom 35 are of the " Service " or " ex-Service " class, and 7 women. There is no special accommodation for private cases, and they are distributed among the wards according to their mental state and behaviour.

The weekly maintenance charge for the home patients is 17*s.* 6*d.* per head, and that for private ones 25*s.* 1*d.* The average weekly maintenance cost as last ascertained was 20*s.* 4*d.*

The total accommodation in the hospital is for 533 patients on the male side and for 620 on the female. On this calculation there are vacancies at present for 118 males and for 29 females. Last year the average number in residence was 376 men and 551 women, but in the last two months of the year the transfers from Barnsley Hall of the Birmingham patients took place.

I found the patients of both sexes well behaved and generally contented. Some of the Birmingham patients, especially among the women, expressed dissatisfaction at being sent here.

The clothing and personal appearance of the patients were satisfactory, and the beds and bedding were clean and tidily arranged. I learnt with some surprise that not all the women are supplied with night-dresses. None of the men have night shirts.

To-day the general health of the institution is good. Of the 19 men and 27 women I found in bed, the greater number were there on account of their mental state or debility from age. In May and June this year there were two cases of enteric fever on the male side, both with fatal results, and in June one woman had dysentery. She has now recovered. Four men and 3 women are returned as now suffering from tuberculosis. In the absence of a verandah on the male side these cases have to be nursed in the infirmary ward, No. 10. In the returns for last year the incidence of new cases of tuberculosis notified per 1,000 population for this hospital was 14·0, whereas the mean rate for all mental hospitals was 11·8, and the deaths per 1,000 population were 8·6, the same rate as for all hospitals.

The mortality rate for the year ended 31st December last was 6·38 per cent. for males, 7·80 per cent. for females, or 7·23 for both sexes together; the rates for all mental hospitals were 8·3 per cent. for males, 6·9 per cent. for women, and 7·5 per cent. for both sexes.

With one exception, all the 50 deaths since the last visit were from natural causes, verified in 56 per cent. by post mortem examinations. The principal causes were senile decay in 13 or 26 per cent., maniacal and

melancholic exhaustion in 8 or 16 per cent., heart disease in 7 or 14 per cent., and tuberculosis and pneumonia in 3 instances each.

The excepted case, which was the only subject of a Coroner's inquest, was of a man who, not having previously been considered suicidal, hanged himself. The circumstances were fully reported to my Board at the time, and the Coroner's enquiry exonerated the staff here from any blame.

There have been no serious casualties during the period under review, which speaks well for the tactful and kind management by the nursing staff.

There has been no employment of mechanical restraint. Two men and 42 women have been secluded for 5 and 129 hours respectively.

The nursing staff consists of

	Men.	Women.	Total.
Charge nurses - - - -	9	11	20
Ordinary - - - - -	38	55	93
Night - - - - - -	8	9	17

No female nurses are employed in the men's wards.

Twelve of the men and 11 of the women nurses are certificated or registered as mental nurses, and 11 men and 6 women have passed their preliminary examination. There are some others of both sexes who are in possession of the old Powick certificate.

I regret to hear that the endeavour to institute out-patient treatment for early mental cases in the out-patient department of the Worcester General Infirmary has so far been found impracticable.

Dr. Fenton has the assistance of three medical officers, Drs. A. R. Boyd, H. Romer and D. T. Gemmell, the latter also acting as pathologist.

Mr. Reginald Knight has been appointed visiting dental surgeon.

Worcestershire Mental Hospital.—Barnsley Hall.

July 16th, 1926.

Since my colleague's visit rather over eight months ago the following numerical changes have taken place amongst the patients:—

	Males.	Females.	Total.
Admitted - - - - -	45	58	103
Transferred to other care - -	44	62	106
Discharged - - - - -	9	13	22
of whom had recovered - -	9	4	13
Allowed out on trial - - -	11	13	24
Died - - - - - -	19	24	43

Of the above number of patients transferred, the whole were Birmingham patients transferred to Powick or Birmingham Mental Hospitals.

There are to-day on the statutory books the names of 687 patients, in the proportion of 313 males to 374 females. Four of the former and 7 of the latter are now out on trial, leaving 676 patients in residence when I commenced my visit; all of whom, with the exception of one man who left on discharge, have been seen by me and given an opportunity of stating any complaint or grievance.

Sixty-four men and 91 women are classed as private patients; of the former 19 are "Service" or "ex-Service" men. The private patients of both sexes have no special accommodation, and are warded according to their mental state and general behaviour among the other patients.

Out-county patients number 117—63 men and 54 women—50 of each sex being received under contract from the City of Birmingham, 10 from Swansea, and the remaining 7 from 5 various unions.

The weekly maintenance charge for the home patients is 19*s.* 3*d.*, for the contract and out-county ones 30*s.*, and for those of the private class 35*s.* The average weekly maintenance cost as last ascertained was 21*s.* $4\frac{3}{8}$*d.*

The total accommodation in the hospital, which has been slightly increased by counting some of the verandah spaces, is for 292 males and 346 females. On this basis there is an excess of 21 men's and 28 women's names on the books. The average number daily resident throughout last year was 730, 326 males and 404 females, but this has been reduced this year by the removal of the Birmingham patients as above mentioned.

With regard to my Board's circular No. 679, of 8th February last, I find that the superficial area of each room has not been put up as therein suggested.

I have again to call attention to the fact that money allowances are rarely given to those out on trial. To none of the 24 patients out on trial during the period under review was any grant made.

Generally, I found the patients of both sexes quiet and contented and well behaved. Apart from appeals for discharge from patients who were evidently not yet fit for it, I did not receive any reasonable complaint of harsh usage.

I saw a good dinner of roast pork and bacon, with greens and potatoes, being partaken of in some of the male wards. It was followed by rice pudding for patients of the private class. I was informed that the others have puddings twice a week. I received no complaints as to the dietary.

The conditions as to the classification of the patients in the admission wards remain as they were on the last visit, and to-day, as on my visit two years ago, the garden of wards D and D.1 was empty, and all the patients who were out of doors from those wards were mixed with the more noisy and troublesome ones from the C wards. I was informed that the shortage of female staff made this arrangement necessary.

Four male wards and 2 female wards are administered as " open door " ones, with access for the patients to the ward gardens. Thirty-two men have their parole within the estate, an increase on the number last year, and there are also 23 other men who have their parole within the building and use an internal garden, formerly the male nurses' recreation one, for games such as bowls.

The undressing arrangements referred to by my colleague are as then, but Dr. Hughes is considering the question of allowing the men in the better wards to undress by their beds at night.

The single rooms and dormitories were well kept and the beds and bedding clean and well arranged. The day rooms and galleries also were in good order. A side room off the gallery of B ward has been set apart for keeping a hospital dressing table and sterilization plant, which, besides being used practically, is also employed for the instruction of the nursing staff. Of the present staff of nurses (46 men and 58 women) 22 of the former and 15 of the latter are certificated or registered as mental nurses, and 10 other men and 13 women have passed their preliminary examination.

The general health of the institution is, and has been, good during the past eight months, no cases of epidemic disease having occurred. During my visit to-day I found 8 men and 40 women in bed, most of them for rest on account of their mental state. I was glad to see that bed-tables had been provided as suggested by my colleague.

There are 3 women suffering from tuberculosis at present. During last year 11·0 per 1,000 population of new cases of tuberculosis were notified to my Board, the mean rate for all Mental Hospitals being 11·8. Deaths from this disease during 1925 were 9·6 per 1,000 population in this hospital, the mean rate for all hospitals being 8·6. During the eight months under review, of the 43 deaths 5 were from tuberculosis. The other principal causes of death were pneumonia in 13 instances and general paralysis and organic brain disease in 4 each.

Post mortem examinations were made in the very satisfactory number of 39 out of the 43 deaths.

Serious accidents numbered 3, involving fractures of bones all accidentally sustained. They do not call for comment.

Mechanical restraint has been necessarily employed on 2 male patients, on one of them practically continuously, to prevent further self-mutilation, and on the other to prevent his tearing open wounds.

Four men and 53 women have been secluded for a total of 14 and 1,741 hours respectively.

Dr. Hughes has the assistance of the same two medical officers, Drs. Firth and Dunlop.

I regret that the Committee have not yet seen their way to arrange for the periodical visits of a dental surgeon.

Yorkshire (North Riding) Mental Hospital.

October 13th, 1926.

Since the last visit of one of our colleagues in March, 1925, there have been 221 patients admitted, 10 transferred to other care, 114 discharged, of whom 98 had recovered, and 79 have died. These changes leave on the books the names of 787 patients, of whom 348 are males and 439 are females, but at the time of our visit 3 patients of each sex were on leave, either on trial or on holiday leave, so that the number that we actually saw in residence was 781. We were glad to see in the return made to us that every advantage is taken of the system of testing a patient's fitness for discharge by allowing them out on trial, 87 patients having been treated in this way. Twenty-six men and 31 women are classified as private patients, 16 being " Service " and one an " ex-Service " patient. There are no out-county patients. Parole beyond the estate is given to 39 men and 4 women, and within the boundaries to 40 men and 10 women. Two wards on each side of the hospital are administered on the open-door principle. Taking the day space, which is considerably less than the night, as the criterion, there are at present vacancies here for 61 male and 4 female patients. The weekly maintenance charge per head for home patients is 24*s.* 6*d.* and for private patients 25*s.* 1*d.* to 42*s.* 6*d.*, the average weekly cost per head for the year as last ascertained being 24*s.* $4\frac{5}{8}$*d.*

During the period under review much has been done to improve the equipment of the hospital and to add to the comfort of the patients. The list is too long to record in this entry, but we think it right to mention some of them:—

(1) The fitting up of a new laboratory, to which we allude later.

(2) New heating arrangements and seating in the recreation hall.

(3) New verandahs in male and female wards 2, an addition which has our heartiest approval, convinced as we are of the great value of treatment in bed in the open air.

(4) Wireless installation in the wards.

(5) A Hobart machine in the kitchen, which we are glad to hear is giving satisfaction and makes possible a considerable variation in the dietary.

(6) A refrigerating plant with two cold storage chambers.

(7) Electric plate warmers in some of the wards, an addition which we saw with great pleasure, and which we are glad to hear is to be fitted in every ward.

(8) Five new staff cottages and some improvements to existing estate cottages.

(9) A considerable amount of painting and decorating.

Of the work now in progress we may mention the extension of the sanatorium and fitting up of a ward kitchen, and erection of new and improvement of existing cottages.

As a result of this manifestation of a progressive spirit, we found that the hospital was in a very good state, and appeared most homely and comfortable.

We began our visit yesterday by visiting the farm, where we saw about 40 patients; this number is considerably in excess of the numbers which the farm will house, but a number of patients were down there to help raise the potatoes.

We found the wards well supplied with plants and flowers and books, and were particularly pleased to see that care is taken to decorate the wards set apart for the more turbulent patients and those of defective habits, and that the gardens allotted to their use were nicely kept. We sometimes hear that it is impossible to keep flowers, pictures and so on in this class of ward, as the patients are so destructive. The patients we have seen here are of the same type that we constantly see in the same class of ward elsewhere, and the decoration of the wards here is a complete answer to such an objection as we have alluded to above. Another very nice addition which is not, we think, very common, is the drinking water taps in all wards and dormitories. The afternoon was very gloomy yesterday, and though some of the wards were a little dark we thought they looked particularly comfortable and homelike.

The patients were very nicely and tidily dressed, and were on the whole very well behaved and free from complaints. We gave private interviews to 4 patients and semi-private interviews to a number of others, but we are afraid that no action is called for in any of the cases, the patients being quite clearly in need of care and attention. During our inspection we saw a party of female patients doing needlework in one of the nice open-work shelters in the garden, and some very nice raffia work being done in one of the wards. With regard to this we think great credit is due to the nurses who have taken the trouble to instruct themselves in this work in order to teach the patients. This capital spirit is not confined to the female side, as we heard that the great improvement in some of the ward gardens, which was noticed by one of us, was due to the efforts of one or more of the male nursing staff, who got the patients to work at this improvement under his instruction.

We wish particularly to mention what seemed to us to be a capital arrangement in the laundry where the foul clothing is dealt with, and that was the steam tank which runs straight through the outside wall so that the clothing can be placed into the disinfectant in the tank in the open air, and the tank covering outside being closed, the clothing can be dealt with by the live steam in the ordinary way. We included the well-equipped kitchen in our inspection. We were sorry that time did not permit us to see the viewing room at the mortuary, which we understand has been fitted up as a small chapel.

There have been two deaths associated with injury, which in the one case occurred previously to admission, and in the other was sustained in falling from the roof of one of the wards. In both these cases, and in 8 others, the Coroner held inquests. There have been 9 other cases of injury (fractures of a bone), none of which proved fatal; one, a case of fracture of the spine, due to the patient impulsively throwing herself in front of a car whilst out walking; one of spontaneous fracture of the leg; one during an unavoidable struggle with nurses; two during altercations with fellow patients; and four the result of accidental falls.

Apart from the two cases already mentioned, all the 43 male and 36 female deaths were due to natural causes, verified by post mortem examination in 68 per cent. of these 79 deaths; this proportion is a great and commendable advance upon what it was three years ago, but the importance, protective as well as scientific, is so great that we hope it will be possible to increase it still further.

By far the most frequently assigned cause of death here has been senile decay—32 per cent. in about equal percentages as to sex. This high proportion invites the question whether there are not a considerable number of aged patients here who—their acute mental symptoms having

abated under mental hospital treatment—might be properly accommodated in their respective Poor Law institutions.

Tuberculosis accounted for 3 deaths of each sex—that is 7 per cent. in all. This is a comparatively low proportion, which lends support to the belief that its incidence here is lower than in a good many mental hospitals. We have confidence, however, that the medical staff, whose keenness in their work is everywhere apparent, will not allow this small incidence to slacken their endeavours to recognize and to segregate every case at as early a stage in its onset as possible. The number of cases now under observation is 6 on the male and 8 on the female side, of which 3 in all are in bed.

Associated with the gratifying fall in the incidence of tuberculosis which has already taken place, and we hope will progress further, is, we feel sure, the dietary. Without going into detail we can say that, from a perusal of the scale, from the meals we saw served, and from the many points in connection with it to which praiseworthy attention is given here, we feel very pleased with it.

With respect to other infective disorders, there have been 5 cases of lobar pneumonia, all but one being females, two cases among the female patients and one in a member of the male staff of erysipelas; and 14 cases of enteric fever (4 male and 9 female patients and one member of the male staff). There has been no dysentery and only one case of severe diarrhœa. Close and reassuring attention is being paid to the occurrence of these cases of enteric fever, and, in connection with the energetic search for and segregation of "carriers," great credit is due to the medical and nursing staff. Upon the former it has involved bacteriological examinations of every patient in the hospital. In this relation we desire to express our great satisfaction with the excellent laboratory, which has been fitted up and suitably equipped, and with the activity we saw in progress in it. The clinical work in the wards is taken, as it should be, seriously, and is worthy of praise; in this, in the admission wards, the doctors are assisted by carefully-kept "nurses' notes." As a further step we would strongly advocate the adaptation of a room in every ward as a clinical room.

An important improvement not mentioned in the enumeration earlier in this entry is the provision, by the alteration of existing rooms, of 8 ward sculleries. When this has been completed at the admission wards we hope it may be possible to fit the bath for the purpose of giving, when required, continuous bathing.

Dr. Russell has to assist him, as medical colleagues, Dr. J. A. Gilfillan, D.P.M., deputy superintendent, and Dr. W. Fraser, B.Sc., D.P.H. It is with great pleasure we learn that, at the request of the authorities of the York County Hospital, is has been arranged that out-patient treatment for mental cases shall be undertaken there by Dr. Russell and the medical superintendents of the other mental hospitals in the vicinity. We hope that this important work will be brought rapidly into operation.

Yorkshire (West Riding) Mental Hospitals.—1. Wakefield.

June 24th, 1926.

To one of us who has never seen this hospital before and to the other who remembers it as it was more than thirty years ago, our visit, which we began on the afternoon of Tuesday last and continued throughout a long day yesterday and part of to-day, has been one of great interest and of no small encouragement. It has afforded us an opportunity of seeing what an enlightened policy, steadily pursued, can do in overcoming difficulties inherent in an institution, important parts of which are over a hundred years old, and in re-arranging its resources to meet modern medical requirements. In relation to what has been completed during the period since the last visit of our colleagues and the many important undertakings

in progress and in immediate contemplation, we desire warmly to congratulate the Visiting Committee and Dr. Shaw Bolton. These improvements and renovations either completed during the period under review or now in progress are too numerous to mention in detail, but we may, however, mention—(1) the very pleasing effect produced by the removal of walls and other structures near the entrance to the hospital and the general opening up of spaces that hitherto have been cramped and dark; (2) the manner and standard of work adopted in renovating old wards, and the very satisfactory result attained in the way of brightness and cleanliness of appearance; (3) the installation of a telephone fire alarm system throughout the wards, offices, admission hospital and all detached blocks; (4) the provision of new sanitary annexes to galleries 11, 15 and 17 and wards 29, 30 and 32, and bath room accommodation to wards 29 and 30; (5) the alteration and thorough redecoration of Ivy House, which now provides most excellent and comfortable accommodation for female parole patients; (6) the provision of alternative (fire escape) staircases to female wards 26 and 29; and (7) the provision of a new porch and entrance for administrative purposes at the admission hospital. Among the improvements in course of being effected the largest is that of remodelling the laundry and fitting it with new machinery. Other important works are the provision and equipment of an operating room at the admission hospital, the partial rebuilding of the east window of the church which had become unsafe, and the thorough doing up of the interior of the church; much needed improvements and additions in male ward 35, which, when finished, will enable this ward to serve admirably as the chief infirmary ward on the male side; the provision of an iron fire escape staircase in ward 34; the conversion of the inner lodge into a waiting room; sanitary spurs to modernize ward 20; bath room accommodation in wards 21, 23, 25, 27, 28, 31 and 32; the adaptation of Hatfield Hall into a home for the boys now accommodated at Stanley Hall, which will then be used for adult women of a quiet and trustworthy class; and the erection of two semi-detached houses in Bar Lane for medical officers. As has been before indicated, the above lists are by no means exhaustive, but serve to show what an enormous amount of really useful work is being done for the benefit and comfort of patients at this hospital.

Nearly all the patients are in the ward gardens during the whole of the fine day, the sick being in bed in marquees, and the patients having their dinner and tea out of doors. Consequently, we spent the bulk of our time talking to patients in the open air in the very prettily laid out and extensive ward gardens. We found the patients extremely orderly, nicely dressed and very contented. We talked to all who wished to speak to us, and beyond some requests for discharge we had practically no complaints put before us. The wards being empty, we only passed hurriedly through them making enquiries of the nurses as to the means for recreation and amusement as we passed. We were glad to see that there were plenty of billiard cues, and that care is evidently taken to see that they are tipped when required. In one respect we were not altogether satisfied, that is in the matter of the supply of letter paper and envelopes to the patients. If the information given to us is correct there are no supplies of these requisites kept in the wards, and we were told that the patients apply to the charge nurse, who in turn applies to the head attendant, whenever a patient wants paper and envelopes. This method appears to us to be unnecessarily cumbersome, and may, we fear, deter many patients from writing to their friends.

Since the last visit of our colleagues on the 16th June, 1925, 447 patients have been admitted, 20 have been transferred to other care, 124 have been discharged and 194 have died. Of the discharges 85 had recovered and 37 were dealt with under s. 79. With reference to the direct admissions, we notice that by far the greater proportion were received after initial reception at a Poor Law institution, namely, 283, in contrast with 133

received direct from their own homes. We wish that, by mutual understanding between the authorities and officials concerned, it could be found possible to admit a substantial majority direct from their own homes, so that mental hospital treatment when needed may always be received as promptly and practicable and with as little stress to the patient as possible.

An examination of the statutory books shows that there are now 2,254 patients' names recorded, but at the time of our visit 3 women were away on trial, so that there were actually in residence only 2,251 (1,109 males and 1,142 females). Thirty-nine patients have been allowed out on trial, money allowances being granted in 37 cases. Forty-two patients are allowed parole beyond and 480 within the estate. There are 124 private patients, all being men, 105 of these being " Service " and 14 " ex-Service " patients. Out-county patients number 54.

The total accommodation in this hospital, having regard to the day and night space per patient, is for 1,269 males and 1,224 females, a total of 2,493. The vacancies upon this calculation number 160 on the male and 79 on the female side.

On the male side at this hospital, ward 20, Hatfeild Hall and Stanley Hall, and on the female side, East and West Cottage, F.5, F.6, F.34, Ivy House and Nurses' Residence, are administered upon the open-door principle.

The death rate during 1925 was 9·2 per cent., 11·2 and 7·3 being the percentage among the men and women respectively. Among the deaths was a case illustrating in a remarkable manner the muscular force which can be generated in the course of sudden maniacal impulse; the patient in question took a sudden dive through a ground floor window, and in breaking its stout wooden frame fractured his skull. Another patient, while absent from the hospital, was knocked down and killed on the railway by a passing train. Both cases, as well as some others, were the subject of inquests. Apart from the two cases just mentioned, all the 109 male and 85 female deaths were from natural causes. Among these senile decay (in about equal proportions as to sex) stands out as by far the numerically chief cause, namely, 85, or about 23 per cent. Next in numerical order, but presenting far greater medical considerations, is general paralysis, which accounted for 20 per cent. of the male and 9·4 per cent. of the female deaths. It is no small tribute, to which full weight should be given, to the strenuous hygienic efforts and to the close application of laboratory methods, which, in this connection, have been applied persistently over a series of years, to be able to point to enteric as absent among the deaths and occurring in only two cases, and to almost an elimination of dysentery and tuberculosis. There have been only 7 cases (one of which was fatal) of dysentery, and at the moment there is only one (a recurrent case) under treatment. Tuberculosis accounted for one of the male and four of the female deaths, that is, for only 2·5 per cent. of the total deaths—a remarkably low proportion; and the number of known cases at present in the hospital is 7 on the male and 5 on the female side. In relation to the well-known difficulties in diagnosis, it is no disrespect to the clinical ability of the medical staff to remark that these low incidences are all the more reassuring when it is noted that 90 per cent. of the deaths were verified by autopsy, and that these examinations, as well as clinical material, are closely and systematically followed up in the laboratory. We spent some time both to-day and on the first day of our visit in the laboratory, and were interested in being shown the work in progress and the commencement that is being made in forming a museum specially arranged for teaching purposes.

Apart from the two fatalities already mentioned, there have been 8 cases of fractures of a bone, one during restlessness, three during altercation with a fellow patient, and four the result of accidental falls.

We saw 157 patients under treatment in bed, that is 7 per cent. of the total in residence, the numbers being about equally divided between the

sexes. With the exception of about 4, all the patients were, as before stated, in bed in the open air in marquees; the fact that they are all taken in at night is no small testimony to the energy and enthusiasm of the nurses.

As medical colleagues Professor Shaw Bolton has to assist him six assistants. Three of these, Dr. M. J. McGrath, Dr. J. F. Smyth and Dr. Harriette A. Wilson, hold the rank of senior medical officer, and each possesses the diploma in Psychological Medicine. The other three are also pursuing training and study for this diploma, the importance of which we are glad to know is receiving increasing recognition. We could wish that fuller advantage were taken by doctors of the teaching facilities which exist here, and in connection with it, that more would avail themselves of the permission that obtains here to come into residence as clinical assistants.

Yorkshire (West Riding) Mental Hospitals.—2. Wadsley.

October 20th, 1926.

We began our inspection of this hospital early yesterday morning, and it is most gratifying to us to be able to report that we have been most pleased with our visit. The Committee are to be congratulated upon the capital spirit of progress which is evident on all sides.

Much work and good work has been completed, is in course of progress, and is in contemplation, and it is, we think, clear that the Committee and the medical superintendent realize the importance of keeping this large hospital abreast of the best modern requirements.

The full list of the works completed and in progress is too long to be inserted here, but much decoration has been done both inside and outside; a new solarium has been built in female ward 15; a new bungalow for the clerk of the works has been built; a very nice new tuberculosis hospital is now in use on the female side; the refrigerator with two cold chambers has been constructed; the telephone system has been extended and the electric lighting wiring has been extended.

As to the works in progress may be mentioned improvements in ventilation, a new lift for stores, a sanitary spur in ward 23, a new shelter, a new solarium in F. ward 28, the building of a senior assistant medical officer's house, and many other matters.

The solarium which has been already finished is a great improvement to ward F.15, and will add much to the comfort of the patients; but it struck us that possibly it might be too hot in summer, and that it would have been better had some of the lower windows been made to be opened. We hope that it is not too late for this point to be considered with reference to the other solarium which is now in course of construction.

An important improvement which we omitted above, and which is now being further extended, is the through ventilation of some of the side rooms which was pointed out to us.

We found the patients very contented and free from excitement, and with the exception of a number of applications for discharge from persons unfitted to be at large, we had no sort of complaint from anyone. We gave some private interviews in the wards at the request of patients but no action is required as a result.

The patients were clean and nicely clothed and showed every sign of kindly care and attention.

The wards and dormitories were clean and well ventilated, nicely supplied with plants and flowers, but we thought that the supply of books in all the wards was rather meagre. We should like to see well stocked bookshelves in every ward. The system of keeping all the daily picture papers, such as the *Daily Mirror*, *Daily Sketch* and *Daily Graphic*, and binding them is a most excellent one, which we hope will be continued,

giving as it does much pleasure to those who don't read or to whom reading is a difficulty.

We were glad to hear that long night dresses are by degrees being supplied to the female patients and that a supply of night shirts is being collected for the male patients. At present we understand that only the " Service " patients have night shirts.

We should like to see curtains placed between the baths on the female side wherever this has not already been done.

We saw a very nice dinner being served in the female dining hall consisting of meat and potato pie and tapioca pudding. The plates were properly warmed and we were particularly glad to see the careful and nice way in which the nurses were serving it and the way in which the individual requirements of some of the patients were being regarded.

In the kitchen we saw the fish fryer, which we thought looked somewhat small for so large a number of patients. We thought that when the electric installation has been completed the Committee would do well to consider the addition to the plant of a Hobart mixer, a machine that has proved so useful and has so well justified its cost at other similar institutions.

We were pleased to have an opportunity of seeing the mortuary chapel; we can only say that we think that the work has been carried out in a most excellent way and that the chapel is now everything that can be desired. We were not surprised to hear that there have been many expressions of gratitude from the friends of deceased patients for the reverent and seemly surroundings in which they have been allowed to see the bodies.

Since the last visit of two of my colleagues in June of last year, 301 male and 366 female patients, 667 in all, have been admitted, 8 have been transferred to other care, 310 have been discharged (248 upon recovery) and 195 have died. These changes leave upon the statutory books the names of 1,813 patients, of whom 816 are males and 997 are females. Twenty-five patients were out on trial at the time of our visit, so that the numbers that we actually saw were 811 males and 977 females, a total of 1,788.

We are sorry to see that such a very large proportion of the direct admissions are received through the Poor Law institutions, namely, 575, whereas only 32 were received from their homes. This institution is so close to Sheffield and the means of communication so good that it seems to us that the routine of passing patients through the Poor Law institution is a pity and unnecessary.

Fifty-six patients were dealt with under s. 79 of the Lunacy Act, and no less than 334 were allowed out on trial to test their fitness for discharge. We are, however, sorry to see that money allowances were granted in only 25 cases. We cannot help thinking that money allowances might have been properly and usefully granted in a larger proportion of cases.

There are 68 private patients, of whom 4 are women, 49 are " Service " and 11 are " ex-Service " patients. Forty-one patients are out-county.

Parole is granted to 23 men beyond and to 63 men within the boundaries of the estate, and 3 units on the male and 2 on the female side are administered on the open-door principle. We are glad to hear that this number is likely to be increased by the opening of the isolation hospital as a male villa.

It is very satisfactory to note that short leave to their friends has been given to male patients on 416 and to females on 302 occasions since the last visit of our colleagues.

There are now 48 vacant beds on the male side, but on the female side there are 4 patients in excess of the estimated space.

The weekly maintenance charge per head is 23*s*. 11*d*. for home and 28*s*. for private patients, the average weekly maintenance cost for the year as last estimated being 24*s*. 5*d*.

The death rate during 1925 was 8·7 per cent., the percentages for males and females being 10·1 and 7·5 respectively. This is a substantial and satisfactory drop as compared with the rates during the three years 1922-4.

The 93 male and 102 female deaths, in 4 of which inquests were held, during the 16 months under review were all from natural causes (except one due to suffocation in a fit), verified in the excellent proportion of 91 per cent. by post mortem examination. General paralysis accounted for 10 male and 4 female deaths, numbers which are proportionately smaller than in many urban districts, and we are pleased to see the energetic treatment of such cases here by induced malaria.

Tuberculosis was the cause in about 10 per cent of the deaths, a great reduction upon the proportion three years ago. The numbers of ascertained cases at present in the hospital are 9 on the male and 11 on the female side; we cannot help doubting the completeness of this ascertainment, but we fully appreciate the difficulties. We were very glad to hear of the special diet given to these and other debilitated cases, and also to find that for all patients the margarine contains 10 per cent. (verified by analysis) of butter.

Although such articles as a small ration of sausage roll, cold boiled bacon, brawn, potted meat, pilchards or kippers are not given here—as they now are in many places—for breakfast or tea, we think the dietary as a whole is a good one. Porridge is given four times a week at breakfast; to increase its popularity and effectiveness we suggested the issue of sufficient milk to permit a small ration (2 oz.) being poured cold over the porridge when on the plate.

Apart from the incidence of tuberculosis already mentioned, there are at present no cases of infective disorders. Early this year there were 36 cases on the male and 18 on the female side of influenza. There have been 5 cases (all but one were females) of enteric fever, 4 of dysentery (one fatal), and some cases of erysipelas, which, including some of a doubtful nature but treated as such, totalled 18. Among the non-resident members of the staff there have been two cases of diphtheria, one of erysipelas and one of encephalitis lethargica. These figures do not detract from our view that the general health of the institution is good. Cases of post-encephalitis, of which there are several amongst the patients, are receiving special study and treatment here.

There have been 11 occurrences of fractures of a bone; all but three were purely accidental in origin and none calls for special allusion.

In the male dormitory known as No. 9 we thought that the purchase of a few low bedsteads might obviate the beds in single rooms being made up on the floor.

It was satisfactory to see the amount of attention given here to dentistry and the hygiene of the mouth. We availed ourselves of an opportunity of discussing some general points in this connection with the dental surgeon who attends weekly.

We saw some 68 men and 63 women in bed, numbers which together represent scarcely 8 per cent. of the total in residence. They were evidently being skilfully nursed and in receipt of careful attention.

Commendable effort was being made to give open air treatment—the great value of which is everywhere recognised—to as many as practicable of these 131 cases; the actual number in bed in the open air was, however, only 39, and some of these were not on verandahs and would have to be brought in had it rained. It was plain to us that there were many there, including a number of recently admitted cases, who would have benefited thereby. We mention this in the hope that it will be found possible to add to the verandah accommodation; but if, for financial reasons, a balance of needs has to be struck, we believe that it would be wiser to consider steps for the provision of an admission hospital, which would, of course, include verandah space. Such plans always take a considerable time to mature, and, having regard to numbers, they might be framed initially to provide

only female beds. Reverting again to open-air treatment, some of its advantages might perhaps be obtained in the meantime by the purchase—the cost is not great—of apparatus for treatment by ultra-violet radiation.

The value of clinical rooms in the wards is fully recognized here. Their use is being extended and, we hope, will include the keeping in them of a separate clinical record of every patient in the wards. With the kind of work for which these rooms are urgently required, Dr. Vincent and his colleagues are in full sympathy. We are greatly impressed with the amount of medical work that is being done and the desire to do more. We are pleased to find that a university trained laboratory assistant has been appointed, and that it is hoped that a medical officer to act as pathologist will shortly be in residence. But, for a mental hospital with 1,830 beds and an average annual admission rate of 430, four medical officers, in addition to the superintendent, are assuredly insufficient. Moreover, the two seniors, Dr. D. Gillespie (deputy superintendent) and Dr. J. M. Mathieson, reside a considerable distance from the hospital. For the former a house is now being built, and we greatly hope that, with respect to both, the present inconvenient arrangement will be of short duration.

It has been a great satisfaction to us to hear of the link that is being established between this large mental hospital and the medical school of the University of Sheffield. Professor A. J. Hall, with whom we were very glad to have some conversation upon possibilities of important future developments in this direction, is visiting consulting physician, and the assistance of Dr. Elizabeth Eaves is available as honorary neuropathologist.

We hope that the steps already taken may lead to the services of the medical staff here being available for out-patient treatment of mental cases at one at least of the general hospitals.

Yorkshire (West Riding) Mental Hospitals.—3. Menston.

June 25th, 1926.

We began our annual inspection of this hospital yesterday, when we saw most of the female patients, and have to-day seen the rest of the female patients and the men. The bulk of the patients we saw in the ward gardens. These gardens are large, but to our minds their appearance is marred by the fact that in most of them the grass is not mown, and being trampled down by the patients, they give the appearance of being uncared for. The garden on the female side serving the two admission wards and F.21, on the other hand, had been kept mown, and was a very marked contrast to others that we saw. It was very nice here to see a game of tennis in progress, and we should like to see at any rate some part of each ward garden kept mown so that bowls or some other game could be enjoyed by the patients. We also think that if only the edges of the turf were kept mown and rolled for just the width of the mowing machine it would make a vast difference to the appearance of the grounds.

The wards and dormitories were generally well kept, but some of the rooms on the male side are in want of redecoration. Throughout the hospital there was a nice supply of books in good condition, but some of the cupboards in which the books are kept were difficult to open as there were no knobs on the doors.

We should like to see letter boxes, to be cleared daily, placed in every ward, and if this can be managed we suggest they should be of a pattern now seen in many mental hospitals, with a small pane of glass in front. There seemed to be a nice lot of pictures and articles of interest on the walls of the day rooms, and on the female side plenty of plants and flowers, but on the male side in some of the day rooms there was not a single plant of any sort. We think this is a great pity, and believe that though there might be some breakages at first the patients would soon get to appreciate

and take care of them. We hope that in the day rooms where there are billiard tables care will be taken to see that there are always some cues with tips on them. In one ward (M.6) we saw all the cues, numbering 6, but only one had a tip on it. In the lavatory annexes we saw many w.c.s with no doors to them; we think that there should be some degree of privacy afforded to the patients, and suggest that by degrees these w.c.s should be fitted with dwarf doors of the pattern that now exists in the farm residence.

We were glad to hear that there are now three loud speakers installed on each side of the hospital. So far as we could see the day rooms were well supplied with cards and games and means of amusement. In the main kitchen we were glad to see that the Committee have very wisely supplied a fish fryer and a Hobart machine; we feel sure that it is money well spent. The fish fryers (one has also been placed in the small kitchen) were not to-day being used owing to the shortage of gas during the strike, but we heard from many of the patients how much the fried fish was appreciated. The flooring in the passage leading to the main kitchen is very badly in need of attention.

The dinner to-day which we saw served in the male dining hall consisted of steamed fish, with sauce and potatoes and a pudding. The fish seemed to us to be very nicely cooked, and the dinner was well served though the hall looked very crowded. In neither of the kitchens is there any fixed basin in close proximity to the patients' lavatory; this is a matter to which attention has been called in the past by Visiting Commissioners and is one to which we attach considerable importance as a means of preventing, as far as is practicable, the possibility of infections. We hope this matter will receive the consideration of the Committee.

In the laundry we saw some cog wheels on the side of a small calender which appeared to us to want a small guard, which could we think be fixed without difficulty. We were not altogether satisfied with the steam tank for foul clothing; this tank does not hold water and the lid does not fit well in spite of some loose india rubber bands which are laid along the top edge. We think that the type of tank in which the clothes are placed into cold water and then the live steam turned on through the water would be very much better.

The patients themselves were very orderly and free from complaints. Many of them were anxious to talk to us, and we had conversations with a great many. We were, however, not satisfied with the condition of the clothing of the men. Many of them were distinctly untidy, some of the clothes were torn, and we saw men whose appearance suggested that either they had no braces on or that their braces were not buttoned. It seemed to us that more attention on the part of the attendants was desirable. We wonder if some dry-cleaning process, such as we have lately seen in a mental hospital, would not help to smarten up the clothes, coupled with a steam clothes press. We quite realize that some of the clothing must necessarily go to the laundry, but some might be very much improved by the means suggested above. We also noted that no night shirts are issued on the male side except to a few men working in the engine house. We feel that this is neither cleanly nor healthy, and we hope that this matter may be rectified.

Since the visit of our colleagues in March, 1925, 552 patients have been admitted, 14 have been transferred to other care, 226 have been discharged (of whom 168 had recovered, 1 was dealt with under s. 25 and 45 under s. 79 of the Lunacy Act), and 270 have died. With reference to the admissions, we notice that as many as 313 (i.e., 56 per cent.) were received from a Poor Law institution. Persons in need of mental hospital treatment ought, of course, to receive it as promptly and with as little stress as possible, and it would be of advantage if, by mutual understanding between the authorities and officials concerned, effort could be made to reduce this

proportion by arranging for certification to take place, as a general rule, at the patient's own home.

One hundred and forty patients have been allowed out on trial to test their fitness for discharge, money allowances being granted in 48 cases.

There are now on the statutory books the names of 1,835 patients, 891 being of the male and 944 of the female sex. Six patients, two men and four women, are now on leave, and one male patient lately escaped and is now in other charge, so that there are now resident in the hospital 1,828 patients, all of whom we believe we have seen. There are 201 private patients, of whom 116 are "Service" and 6 "ex-Service" patients. There are only 2 out-county patients.

Parole is granted to only 38 patients (all males), 11 of whom are allowed beyond the grounds. It therefore applies to scarcely 5 per cent. of the men, a very small proportion compared with many other mental hospitals. We should like to see it greatly increased, and we suggest that, if the patients were carefully grouped according to trustworthiness and habits of industry, it ought to be at once possible to administer M.7 ward and the farm residence upon the open-door principle, and so that all the 90 patients in these two units might be regarded as having parole of the estate. Similarly, the 47 women in ward 21, if carefully classified, might be regarded as having parole at least of their ward garden.

Referring again to the ward gardens, we think that far greater advantage could be taken of them. As we have stated, it was here that we saw and spoke to most of the patients. Walking about was being indulged in by comparatively few; most of the patients were sitting down on benches placed in groups; in general these groups represented a ward or pair of wards, and it seems, especially on the female side, that the patients are only allowed to walk about in batches. This practice largely nullifies the value of ward gardens, and must inevitably engender a quite unnecessary sense of restraint, which, indeed, we thought, by their manner and conduct, was definitely noticeable in the patients of male wards 3 and 4, all of whom were rigidly confined to one grass plot closely hedged about by a ring of seats placed with their backs to the asphalt paths. We hope this practice will be discontinued. We suggest that it would be a welcome change to the patients and would promote contentment and health, could arrangements be made to allow them, weather permitting, to take some of their meals out of doors; on such a warm and fine day as to-day it would certainly have been preferable to assembling so large a number as 440 in the hall.

The death rate during 1925 was 11·5 per cent., the percentages among the men and women being 9·3 and 13·7 respectively. Among the deaths were two cases of suicide, in both of which the act in question was committed before admission; two cases due to scalding, one to abdominal injuries inflicted by another patient who has been removed to Broadmoor, one to suffocation in an epileptic fit, and one in which death was accelerated by fracture of the leg accidentally sustained. The circumstances of these 7 deaths were fully reported to our Board at the time, and each, as well as two other cases, were the subjects of inquests.

Apart from these cases all the 122 male and 148 female deaths were from natural causes, verified in 63 per cent. by post mortem examination—a proportion which we should like to see augmented. In contrast with 6 female cases, there were no less than 20 instances among the men in which a bed sore existed at death; that is in 16 per cent. of the male deaths, a proportion which we suggest merits fuller analysis and perhaps closer attention to the consideration of patients in terminal stages of illness on the male side. We can, however, repeat the commendations which our colleagues made last year as to the thorough knowledge of cases exhibited by members of the medical and nursing staffs, and we have been favourably impressed with the careful manner in which the medical

records are kept. In this connection we nevertheless desire to make a strong appeal for the provision in every ward of a clinical room.

The incidence of tuberculosis is a matter which we hope will receive unremitting attention. When our colleagues last visited the number of known cases in the hospital was 5 males and 6 females. Since that date, according to the figures given us to-day, the deaths in which this disease was returned as a primary cause have been 4 males and no less than 25 females, to which, from our inspection of the post mortem records, three males and one female might fairly be added. The number of cases of tuberculosis in the hospital to-day is believed to be 5 on the male and 7 on the female side, besides one member of the male staff.

The laboratory, to our great satisfaction, we see is in course of re-equipment. How far, even with the help of a laboratory assistant, proper advantage can be taken of it we are very doubtful. We say this because we cannot see how four assistant medical officers can fairly be expected to overtake the medical requirements of over 1,800 patients, coupled with the heavy annual rate of admissions that normally prevails here. It is with regret that we find no dental surgeon has yet been appointed.

Yorkshire (West Riding) Mental Hospitals.—4. Scalebor Park.

October 18th, 1926.

We have to-day visited this hospital and have seen all the patients who are now in residence. We spoke to all of the patients who showed signs of being ready to converse and gave private interviews to three ladies and two gentlemen, whose names we have entered in the Patients' book. The patients were living under very comfortable conditions, and, in spite of the difficulties owing to the coal strike, all the rooms struck us as being comfortably warm.

The first room we went into was the recreation hall, where we were very pleased to see that a cinema is being installed.

We found the building generally in a very good state of repair, though we thought that the ward on the gentlemen's side, where new admissions were received, would be better for some redecoration.

We were glad to hear, too, that it is proposed to do some repairs to the billiard tables; these were in use at the time of our visit and are obviously appreciated by the patients.

The patients for the most part appeared to us to be in a very contented frame of mind, and the only signs of discontent were from a few who believed that they were wrongly detained; we, however, satisfied ourselves of the necessity in these cases for proper care and control.

Since the visit of two of our colleagues in March of last year 143 patients have been admitted, 21 have been transferred to other care, 66 have been discharged (51 upon recovery), and 45 have died. These changes leave on the books the names of 238 patients.

There are to-day out on trial 5 gentlemen and 6 ladies; so that the actual number of patients in residence to-day was 227, composed of 106 gentlemen and 121 ladies.

While the foregoing figures relate, as we have said, to the period since the last visit over 18 months ago, it may be of interest to note that the average annual number of admissions here is about 110; that for discharges, whether recovered or not, is about 80; and the average rates, expressed as percentages of the number of direct admissions, are 40 and 51 for the male and female sexes respectively, or a total of 46. These figures indicate to some extent the valuable amount of sound medical work that is annually overtaken here, and the excellence of the clinical reports are a further proof of this.

Though no specific appointments of visiting specialists have been made, free use is made of the services of a dental surgeon and other specialists as required; in this connection we had some conversation with Dr. Gilmour as to the value of organised team work, and, while he explained certain

difficulties in making such arrangements, we feel he is in general agreement therewith. We hope that sometime it may be found practicable to fit up a small laboratory here, the equipment of which need only be of a simple character; at present material upon which a laboratory report is required is sent to the county laboratory at Wakefield.

We were interested to note that of the 66 discharges no less than 61 were allowed out on trial to test their fitness for discharge.

Twenty-five gentlemen and 19 ladies have parole beyond, and 37 of the former and 74 of the latter sex, within the boundaries of the estate.

There are now vacancies in this hospital for 16 gentlemen and 10 ladies. The maintenance charges varies from 42*s*. to 126*s*., the average weekly maintenance cost being £2 12*s*. 3*d*.

The only casualty of at all a serious nature has been a dislocation of the shoulder with fracture near the joint in the case of one of the ladies. Despite careful enquiry it has not been found possible to ascertain just how it happened.

One patient committed suicide while absent from the hospital on trial, otherwise all the deaths have been from natural causes. None were due to tuberculosis or other infective disorder, nor is there any such case now in the hospital.

There was, however, a small outbreak of scarlet fever in February and March, one patient and seven members of the staff (all on the female side) contracting the disease.

We found 37 patients in bed, that is, 16 per cent. of the total in residence. That they are being well and attentively nursed was manifest and the arrangements for their nursing are excellent. The only point in this connection we should like to raise is the feasibility of some verandah provision whereby suitable cases of those in bed could get this treatment in the open air, the value of which is now well recognised.

The nursing staff consists of 5 of each sex holding charge rank, 25 male and 28 women nurses for day and 6 of the former and 10 of the latter for night duty. Twenty-two male and 6 women nurses are certificated or registered as mental nurses, 2 male and 4 women nurses having passed the preliminary examination.

Dr. Gilmour has as his assistant Dr. C. D. Law.

Yorkshire (West Riding) Mental Hospitals.—5. Storthes Hall.

October 16th, 1926.

We began our inspection of this hospital yesterday morning, and have continued it during to-day. Since the last visit of two members of our Board, which took place in October, 1925, 532 patients have been admitted, 117 have been transferred to other care, 213 have been discharged (73 on recovery), and 126 have died. One patient has been discharged by operation of law, 4 have been dealt with under s. 79 of the Lunacy Act, and 18 have been discharged to the care of friends, "not improved." These changes leave on the statutory books the names of 1,620 patients; but at the time of our visit 2 men and one woman were out on trial, leaving actually in residence 751 males and 866 females, a total of 1,617. Seventy-two of the patients are in the private class, 15 of these being females, 45 "Service" and 8 "ex-Service" patients. Out-county patients number 247, including 27 from South Shields, 50 from London, 20 from Croydon, 52 from Cheddleton, 20 from the City of Nottingham, and 75 from the City of Birmingham.

Parole within the grounds is only granted to those residing at the farm residence and to those employed in the administrative centre of the main building.

Having regard to the estimated day and night space per patient, there are now in this hospital vacancies for 26 males and 31 females, a total of 57.

The weekly maintenance charge per head for home patients is 23*s.* 11*d.*, for out-county patients 23*s.* 11*d.* to 28*s.*, and for private patients 28*s.*, the average weekly maintenance cost for the year being 24*s.* $1\frac{3}{8}d.$

We found the wards and dormitories in good condition, clean and well ventilated, but we thought that they were somewhat lacking in objects of interest, in pictures and in books. In many of the wards the glass doors of the bookshelves were used as notice boards, so that the titles of the few books in them could not be easily seen. We should much like to see well filled book shelves in every ward; even if there are not many readers amongst the patients, a good selection of books must add much to the pleasure of those who care for reading, and many non-readers or those to whom reading is a difficulty will spend some time in looking at a picture book. In some of the male wards where there are billiard tables we found that all the available cues, in two cases, were either without tips or had been taken to be tipped and not returned. We feel sure that such a position can easily be avoided by a little arrangement on the part of the charge attendant.

We were very pleased to see electric plate warmers in many of the wards, and we satisfied ourselves that the nice dinner we saw served was not spoilt, as sometimes happens, by being served on cold plates. In some of the single rooms we were rather doubtful as to whether they would not be improved by taking out the top panel of the wooden shutter, which would have the effect of letting in some light and air. We discussed this matter with Dr. Adair, and feel sure that he will give it his consideration. In the female bathroom we thought that it would add much to the comfort of many of the patients if curtain rods and curtains could be arranged between each bath, so as to secure some degree of privacy, a matter on which great stress is laid by some patients. We saw in the bathroom some wooden screens, which we suggest may be placed between the two rows of baths down the middle of the room, thus securing a further measure of privacy. Even more urgent to our mind is the provision of cocoa-nut matting down the middle of the room as a protection for the bathers from the chill of the stone floor. In the kitchen we saw the new fish fryer, and were glad to hear that it gives satisfaction. From what we saw in the wards it is clear that the fried fish is a popular meal. In the laundry we were shown the new steam clothes iron; and, at the farm, the outside of the new byres which are nearly finished, but as it was getting dark we did not go inside. We also went to the workshops, including the printing and binding, tailors', and bootmakers'.

With regard to the clothing, it was generally good and tidy, and we saw some very nice overcoats and cloaks. We were very glad to hear that progress is being made in the supply of night dresses on the female side, and we hope that as soon as there is a sufficient supply, a start will be made and continued until all the male patients are supplied with night shirts. We should also like to see nail brushes put out for the use of patients; though we were told that 2 were supplied to each ward, it was explained that they were only used for special cases and not as a general rule.

We found a good part of the hospital, including the fine recreation hall, has been decorated, and such parts look extremely nice. The building was generally in very good order. In the recreation hall there is generally a weekly cinema entertainment and some other entertainments. It is interesting to hear that the hospital is able to maintain a choir and a band. The voluntary efforts of the performers are most praiseworthy and must add much to the enjoyment of the patients.

We are glad to hear that the supply of safety razors for the male side is about to be adequately augmented; at present we are told there are only two. We feel sure that this is a wise step, and that the appearance of some of the younger male patients will be much improved by being regularly shaved.

In the gardens and grounds a good deal of planting has been done and is very effective; but there are many spaces which we venture to think might be planted with fruit trees, which are both useful and very ornamental.

Incidence of infective disorders comprise 9 cases of erysipelas, with one exception all female patients; 3 cases of measles among the male patients; 5 cases, all female patients, of either enteric or para-typhoid; and 18 of dysentery, of whom 14 were on the male side, and of which two are at present under treatment. At least 4 of the dysentery cases were transfers from another mental hospital; we hope the closest watch will be kept on its incidence and that, with the aid of bacteriological investigation—which we should much prefer to be carried out here on the spot—vigorous endeavour will be made to stamp it out. Tuberculosis accounted for 16 (12 per cent.) of the deaths, and there are at present 9 cases on the male and 7 on the female side; this is slightly lower than the average incidence elsewhere, and we have confidence that the medical staff will endeavour, by constant vigilance, to reduce it still further.

There is an excellent verandah on each side of the hospital, but it is required, and is rightly used, for tuberculosis and allied cases. Rest in bed for the treatment of newly admitted patients and of acute intercurrent mental phases is extensively required; of the 148 we saw in bed yesterday 56 were there for this purpose, all in dormitories or single rooms. There is unanimity that this treatment is most efficacious in the open air, which leads us to express the hope that the Committee will gradually widely extend the verandah facilities; there are situations here admirably fitted for the purpose.

The death rate during 1925 was 7·8 per cent., 7·5 and 8·2 being the percentages respectively on the male and female side. This is slightly less than for the previous years.

The 126 deaths (male 56, female 70) which have taken place during the period under review (almost exactly a year) have all been from natural causes, verified in the highly commendable proportion of 90 per cent. by post mortem examination. General paralysis accounted for the deaths of 7 men and one woman, and, from the returns last furnished to our Board, there were 14 cases on the male and 4 on the female side, although these figures are less than in some districts. We are very glad to learn that steps are about to be taken, and we hope will rapidly mature, for the treatment here of this disorder by induced malaria.

The treatment just mentioned, the accurate diagnosis of tuberculosis and dysentery, the detection of dysenteric and typhoid carriers, the properly complete physical examination of newly admitted patients and other occasional enquiries demand the daily use of the laboratory. Though it may need a little fuller equipment, there is an excellent one here, and there is a desire to use it, but without further assistance this is scarcely possible. The medical staff is not strong numerically, but we believe that the best step at the moment would be the appointment of a properly trained laboratory assistant. We appeal to the Committee to give this matter their sympathetic consideration; its wider aspects are dealt with at page 10 of our Board's recently published Annual Report.

Another facility which is lacking here (and which is dealt with at page 14 of that Report) is the provision of clinical rooms. It can be made good at very slight expense, and seeing that the hospital has been able to take in some 250 contract cases and that there are still about 50 vacancies, it ought not to be difficult to spare and to adapt the necessary rooms.

In visiting the mortuary we were told that friends view the bodies of deceased patients in the male or female mortuary. We hardly think that this is altogether seemly, and we do hope that the Committee will see their way to provide or adapt some other place to go to; to take a last farewell of a deceased relative in such gruesome surroundings, with possibly other corpses lying, which may be brought into view by the accidental moving

of a curtain, seems to us to be likely to add to the distress of friends. We are sure that with very little expense the adjoining room could be draped and fitted up as a small chapel, such as we have so often seen elsewhere, and that any efforts in this direction on the part of the Committee would be more than repaid by the feelings of friends that even in death the patients have been reverently and carefully dealt with by the hospital staff.

We have discussed with Dr. Adair the feasibility of according parole to a greater number of patients. At present only a very few enjoy this means of liberty. We suggest that one or more wards, preferably, but not necessarily, those in detached buildings, should be reserved for quiet, industrious and trustworthy patients, and that only patients of that type should be sent to those wards. Such patients, if then given parole of the grounds, would indubitably feel less sense of constraint and more contented with their lot.

The employment of patients, which should be one of the cardinal features in the medical administration of a mental hospital, is, we are convinced, greatly promoted by the existence of parole units. The employment figures here, 51 per cent. for the men and 38 per cent. for the women, are much below the average; and of those that are returned as employed far too many (60 per cent. of the men and 57 per cent. of the women) merely help in the wards. It seems to us a great pity that none are employed in the carpenters' and painters' shops, and with the engineers, and there is room for the introduction of a greater variety of occupation. In this connection, however, an excellent step, which we are most glad to see, has been taken in the equipment of a most capital printing and bookbinding shop.

We found the patients throughout the institution quiet and well behaved, and for the most part very contented and free from complaints.

Dr. Adair has to assist him as medical colleagues Dr. C. W. Ewing, D.P.M. (deputy superintendent), Dr. D. K. Bruce, Dr. N. Montgomery and Dr. T. Harkness.

The accurate knowledge they possess of their patients was very helpful to us.

Yorkshire (East Riding) Mental Hospital.

May 27th, 1926.

We have to-day visited this mental hospital and believe that we have seen all the patients now in residence.

Since the last visit of a Commissioner, which was in October last, 68 patients have been admitted, 6 have been transferred to other care, 16 have been discharged, of whom 10 had recovered, and 29 have died. One patient was dealt with under s. 25 of the Lunacy Act, 1890, and 2 under s. 79 of that Act. Sixteen patients were allowed out on trial to test their fitness for discharge, but we were surprised to see that in no case was any money allowance granted. We were told, however, by the medical superintendent that this is a matter which is always carefully considered, and that money allowances are always granted in suitable cases. The result of the changes enumerated above is to leave on the statutory books the names of 235 male and 337 female patients, 572 names in all, of whom 37 are private patients, 10 being of the "Service" and 1 of the "ex-Service" class. There are 115 out-county cases, all but 9 being contract cases, including 49 from South Shields, 63 from the County of London, and 1 from St. Pancras Parish. At the time of our visit 3 men and 5 women were out on trial, so that there were in residence to-day 232 men and 332 women, a total of 564.

Having regard to the day and night space per patient, as estimated in a return made to the Commissioners in January of the present year, there

is accommodation in the hospital for 92 male patients, but overcrowding on the female side to the extent of 10.

Parole is allowed to 26 male and 8 female patients, and, in addition, to some of the convalescent patients.

The weekly maintenance charge per head is 20*s*. 5*d*. for home patients and from 25*s*. to 52*s*. 6*d*. for private patients, the average weekly maintenance cost as last estimated being 19*s*. $0\frac{1}{2}d$.

In the course of our inspection we noticed that a considerable amount of redecoration has taken place, and we were glad to see that it had been carried out in light colours, which adds so much to the brightness of a building of this character. Some of the side rooms, however, were badly in need of attention; one in particular had most of the wall marked, the plaster being scratched off by patients. Not only has this a very untidy appearance but we think that there is little doubt that it gives the cue to other patients to amuse themselves in the same way, and that if attention were given to the matter as soon as possible the habit might very soon be checked.

In the kitchen we found that there is no lavatory basin in close proximity to the w.c., a matter to which we attach considerable importance, and we hope that it may be found possible to add one before long without going to any great expense. As there is already electrical power in the kitchen, we venture to hope that the Committee will consider the question of the installation of a Hobart machine, which not only saves considerable time and labour but is also useful as enabling a number of dishes to be provided as a variation to the ordinary diet, such as fish pastes and sausage meat; we further believe that it would here, as elsewhere, prove to be economical in the long run in spite of the somewhat heavy initial expense. In course of our conversation with the cook we learnt that the milk is poured on the porridge for breakfast in bulk and so served to the patients; we think that if it could be arranged the system of ladling a portion of cold milk on to each plate at the breakfast table would make a very much more palatable meal, and be appreciated by the patients.

In the laundry we are glad to hear that it is proposed to instal a continuous type laundry drying machine, and have little doubt that it will prove a valuable addition to the equipment.

We found the patients well clothed and clean and on the whole well behaved. The larger portion of them were in the ward gardens taking advantage of a lovely day. We were much struck by the very nice appearance of the ward gardens on the male side, which were full of bright flowers, both annuals and perennials. This charming effect was, we were told, largely due to the interest in and care taken of the gardens by some of the attendants and some of the patients, and the result reflects great credit on all concerned. We should much like to see more attempt at gardening on the female side, and though we are aware that there are difficulties, still we think that if persevered in patients would learn to appreciate and to protect the flowers. The ward gardens on the female side are not conveniently placed, the garden for the more turbulent patients being in too close proximity to the female admission ward and likely to be a disturbance to that ward. We found to-day 150 female patients of the more restless and noisy type in one garden; obviously too many for the size of the ground. If it were possible to make a further provision for the open-air exercise of this class of patient elsewhere and further away from the admission ward, we are sure it would be to the benefit of all concerned. Failing that, we discussed with the medical superintendent the possibility of screening more effectually the one garden from the other.

In going through the wards we were struck by the very uneven distribution of books in the various wards, nor do we think that this was altogether accounted for by the type of case in the wards. However that may be, we should like to see the bookshelves well filled in every ward and

all the bookcases left unlocked; some destruction is of course inevitable and must be faced, but we believe that the advantage gained is well worth the cost. Again, we were much struck with the appearance of the dormitory of the female admission ward, which was very nicely decorated with flowers and plants and looked most attractive, but in the day room of the same ward there were only two plants. We fully approve of the plan of taking special pains to make the admission wards attractive, but we should like to see all wards, including those set apart for the most excited patients, well supplied with plants and objects of interest.

The beds and bedding appeared to us to be quite satisfactory, but in enquiring into the case of one patient whom we saw in a side room with no mattress, we found that there are no mattresses at this hospital made with strong untearable covers. The patient in question was in an excited condition and very destructive, but it is right to add that we gathered from her that she did not want a mattress.

There is one other point which we think should be attended to—there are apparently no letter boxes in the wards, and the custom is for patients to give their letters to the nurses to post. We think it would be far more satisfying to the patients if they could themselves post their letters in locked boxes in the wards and themselves see the boxes cleared at regular times.

A matter of outstanding importance in our opinion is the question of better quarters for the female nursing staff, those at present available or utilized as such being quite inadequate both for the existing number of nurses and to meet a reasonable standard of comfort based on modern requirements. As far as we could gather, in all the wards members of the nursing staff have to share sanitary conveniences with the patients; this is a point that in most of the wards could easily be rectified by raising the height of the door and partitions and supplying a lock to the former. A similar necessity to share applies to the baths; and for bedrooms a number of nurses have to use single rooms originally intended for patients, and in some are dependent as to artificial light upon the use of candles. These deficiencies, coupled with the fact that their mess and recreation rooms are also inadequate, leave us in no doubt but that the Committee are wise in considering the erection of a detached nurses' home, planned on modern lines. If expense is a deterrent, as we understand is possible, it would not be difficult to plan the home on comprehensive lines but in such a manner that only a portion which would relieve urgent necessities need be erected in the first instance. We are convinced that, besides setting free accommodation required for patients on the female side, where there is already a tendency to overcrowding, the provision and equipment of a well designed home would conduce towards attracting young women who seriously wish to take up mental nursing as a profession. It is impossible to feel at all content with a position in which, as at present, something like 70 per cent. of the women nurses have less than one year's service. We note also that as regards the proportion of staff to patients, estimated at a stated hour in the daytime, whereas there is one to nine on the male side there is only one to thirteen on the female side.

The dinner to-day consisted of soup and bread and rhubarb tart. Though we thought the soup looked thin, only one patient expressed any dissatisfaction with the dietary, which, from the scale laid before us, appears to be adequate. We think, however, that no milk should be allowed for butter making except it is really surplus, and that no milk should be regarded as surplus on any day when condensed milk is in use.

Among the deaths was a senile case in which death was accelerated by fracture of the thigh, accidentally sustained; it was the subject of an inquest. Otherwise all the 12 male and 17 female deaths were from natural causes, verified by post mortem examination in 62 per cent. of them. We hope that effort will be made to increase this proportion, especially as we gather that not all the cases in which this examination was absent were due

to objections by the relatives. Among the tabulated causes of death there was only one case (that of a woman) of tuberculosis. Of this disease we were shown on the male side two definite and two doubtful cases, all four in bed, but to our regret none of them on the verandah; on the female side there are believed to be 12 cases, of whom we saw 9 (4 being of the so-called surgical form) in bed, all on the verandah. One of the female nurses is at present on leave undergoing treatment in a sanatorium.

The death rate during 1925 was remarkably low, namely, 4 per cent., the rate among the women being slightly higher than that among the men; this rate, indeed, appears to be the lowest for the 54 years during which the hospital has been open.

This low rate, coupled with the absence of infective disorders, other than the above-mentioned comparatively small incidence of tuberculosis and a few influenzal cases, and the generally healthy appearance of the patients, lead us to think that the health of the institution is good. In this connection, however, we could not help noticing the many cases of goitrous enlargement of the neck—a fact which, we understand, merely reflects the prevalence of the condition in this area; but it is at least possible that an effort, if successful, to check it at its source might prevent the occurrence of some of the cases of mental disorder that ultimately find their way to this hospital.

We saw 23 male and 50 female patients in bed, that is 10 per cent. of the men and 15 per cent. of the women in residence. It seemed to us that they were in receipt of due care and attention, and that their individual needs receive sympathetic consideration. Ws should like to see facilities installed in the admission wards for giving continuous baths and a trial made of doing without the wire guards in front of the verandahs.

Dr. Simpson has still the assistance of Dr. Harding as his deputy.

Birmingham City Mental Hospital.—1. Winson Green Division.

July 14th, 1926.

On the 7th of last month our Board received notice of the resignation of Dr. Cecil Beaumont Roscrow in consequence of failing health. Dr. Roscrow entered the service of the Visiting Committee on the 1st of January, 1903, as assistant medical officer. He was appointed medical superintendent of Winson Green Mental Hospital on the 14th May, 1911, and has ever since proved a capable administrator and a kind friend to the patients under his charge, with whom he was always on excellent terms.

In view of the impending retirement of Dr. Roscrow, the Visiting Committee of the Birmingham Mental Hospitals had for some time under consideration the desirability of placing all the institutions controlled by them, namely, Winson Green, Rubery Hill and the annexe at Hollymoor, under one superintendent or director with a view to obtaining consistency of administration and treatment.

The Committee proposed that in future the institutions should be regarded as one mental hospital with divisions at Rubery Hill and Winson Green, and that the chief medical officer should be responsible to the Committee for all matters of general administration and treatment of the patients of both divisions, with medical superintendents who should be responsible to him for the detailed administration of the division in which they reside.

In order to give effect to these proposals the Committee revised the existing hospital rules relating to the medical superintendents, and submitted others to be observed by the chief medical officer. These rules have received the approval of the Minister of Health, and on the 1st of June this year Dr. Thomas Chivers Graves was appointed chief medical officer of the City of Birmingham Mental Hospitals, while retaining for the present his position as medical superintendent of the Rubery Hill and Hollymoor division.

To fill the post vacated by Dr. Roscrow the Committee have appointed Dr. Charles Wesley Forsyth as medical superintendent of the Winson Green division. Dr. Forsyth was the deputy medical superintendent of Rubery Hill and Hollymoor Mental Hospitals, having entered the service of the Committee on the 14th of March, 1920.

We have given the above details somewhat fully so as to place on record the position as we find it to-day, it being the first visit of members of our Board since the proposals were carried into effect.

During the course of our visit we have been all over the wards and departments of this institution (Winson Green), as well as visiting the two outlying premises, Stechford Hall and Glenthorne. We have found all parts well maintained and affording very comfortable accommodation for those resident therein.

As a result of the changes that have occurred among the patients since the visit of our colleagues nearly eight months ago we have found the names of 760 patients, in the proportion of 385 males to 375 females, on the statutory books. One of each sex is now out on trial, and to the best of our belief we have seen all the remainder. They were exceptionally free from complaints and seemed very contented and on good terms with the staff.

The ward gardens were well kept and pleasant in appearance, but we thought that the large one on the male side, which we found to-day occupied by some 200 to 300 patients, should be divided up so as to permit of some measure of classification. We discussed this matter with Dr. Forsyth, and came to the conclusion that this change could be effected without great difficulty.

We also noticed that the outside iron staircases leading down to the courts were without artificial lighting, and suggest the advisability, if possible, of their being lit by electricity.

In the extension of the infirmary wards No. 5 on each side we found that there were no second exits for use in case of fire, and similarly in the male workshops on the upper floor of the building there was only one central staircase.

The arrangements in the laundry were generally very good, but the outside tank used for the treatment of faecally fouled material requires a much larger outlet in order to obtain a better flush.

The day accommodation is somewhat in excess of that for night, but taking the latter there are 16 too many males and 20 too many females at present. The average number of patients in residence last year was 366 men and 382 women.

The weekly maintenance charge is 26*s.* 3*d.* per head for the City patients and from 31*s.* 6*d.* to 42*s.* for those of the private class. The average weekly maintenance cost as last ascertained was 23*s.* 4*d.*

The general health of the patients to-day was good, a condition that has existed so far as we can gather from records throughout the period under review. A small outbreak of influenza during the spring—about 30 cases in all—represents everything that has occurred of an infectious character, and there has been no undue prevalence of any other disease, or of deaths therefrom. Deaths have, indeed, been comparatively few in number (38), all, with one exception, being the result of diseases associated with mental disorder such as arterio-sclerosis, heart disease and general paralysis, or in small numbers from such affections as influenza, pneumonia or tuberculosis. The exception was the case of a patient who drowned herself in a bath under circumstances fully reported to our Board at the time of occurrence.

As we have had occasion to note in our report on Rubery Hill and Hollymoor, tuberculosis is low both in incidence and mortality. There were only two cases under treatment here at the time of our present visit, and only 4 deaths have occurred from this cause since November last, a satisfactory state of affairs for which good dietary and open air are jointly

responsible. The continued freedom from dysentery is also worthy of special note and a subject for congratulation.

There is no record of the occurrence of any serious casualties.

We appreciate the efforts made to secure the classification of patients in the wards according to their mental and physical state, and are satisfied that, having regard to the construction of buildings, the best use is being made of existing facilities. We were glad to note also that the principles of treatment which have proved so successful at Rubery Hill and Hollymoor are now adopted here, an improvement which has been rendered more easy in practice by Dr. Forsyth's appointment. Co-operation between the medical superintendents of the two main divisions, with free discussion in regard to the results of treatment, cannot but lead in the end to the advantage of patients.

The nursing staff consists of 10 charge nurses on each side, of 46 men and 37 women as ordinary nurses, and of 7 men and 6 women for night duty. It is satisfactory to note that as many as 46 of the men and 30 of the women are certificated or registered as mental nurses, and that 9 other men and 11 other women nurses have passed the preliminary examination.

Dr. Forsyth has the assistance of Dr. G. E. Shand as deputy medical superintendent and of Dr. F. F. Thorpe, who is temporarily acting for Dr. Anne Fairweather, who has been transferred here from Rubery Hill and who is at present on sick leave.

Birmingham City Mental Hospital.—2. Rubery Hill and Hollymoor ***Division.***

July 13th, 1926.

One of us, after visiting this institution in December, 1924, described at some length the measures employed by the medical staff to ensure the exploration of all fields of research in order to secure for their patients every possible benefit in treatment. Emphasis was then placed upon the value attributed by the medical staff to close attention to physical conditions as absolutely essential factors in the treatment of mental disorder, both in its acute and chronic stages. In view of the detailed reference made to this phase of the work (in the report referred to), it seems unnecessary to do more after this visit than to express our satisfaction at finding that the procedure then outlined is still adopted in its entirety, and that added experience has further justified the value of subjecting patients as a matter of routine to examination by persons expert in medicine, surgery (especially in reference to nose, ear and throat conditions), dentistry and gynaecology. We were also glad to find no abatement in the use made of the excellent bio-chemical and pathological laboratory, despite the loss sustained by this department by the death of Sir Frederick Mott, which we regret to record.

On our visit to the wards to-day we found patients orderly, free from reasonable complaints, generally contented and in good health. There were, as usual, many applications for discharge, but these were in all cases made by persons unfit for freedom. We were satisfied that the question of leave or discharge is considered as soon as one or other of these actions are justified.

The good health of patients, and their well sustained weights, are presumptive evidence of proper diet and satisfactory care generally, conclusions that were supported by our enquiries into many details throughout our inspection. There was very little in the nature of acute sickness, patients in bed being for the most part cases of senile or other debility or persons under special care for mental reasons. The medical and nursing attention bestowed upon those who were sick left nothing to be desired.

One case of para-typhoid fever in a female patient, of unexplained causation, and a second in a nurse, represent the only appearance of

infectious disease since the visit by members of our Board in November last, the institution being at present quite free. Freedom from dysentery and the low incidence and mortality from tuberculosis are both very satisfactory features. The total number of cases of tuberculosis at Rubery Hill and Hollymoor combined is 7 only, including two persons in whom the disease is latent, who may shortly be considered free.

The mortality for last year was low, the percentage (upon the average daily number resident) being males 6·8, females 5·94, with a total for both sexes together of 6.32. Present figures seem to indicate the probability of a continuance of this satisfactory condition. Of the deaths during the period under review by far the largest number were due to diseases of the heart and circulation, general paralysis and organic brain disease. Deaths from tuberculosis numbered 5 only out of a total of 54.

One death was due to accident and a second to heart failure whilst under an anaesthetic properly administered, all others being due to natural causes.

The 5 serious casualties recorded were all fractures of bones accidentally sustained.

Since our colleagues' visit nearly 8 months ago the following numerical changes have taken place:—

	Males.	Females.	Total.
Admitted - - - - -	95	93	188
Transferred to other care - -	24	14	38
Discharged - - - - -	60	50	110
of whom recovered - - -	39	30	69
of whom dealt with under s. 79	20	20	40
Allowed out on trial - - -	34	32	66
Granted money allowances - -	22	17	39
Died - - - - - -	28	26	54

These changes leave on the books the names of 1,465 patients, 636 males and 829 females. Six men and 10 women are now out on trial, and one man has escaped, leaving 629 men and 818 women in residence when we commenced our visit. Two men were discharged during the day and were not seen by us, but to the best of our belief we have seen and given all the remainder an opportunity of speaking with us.

The total accommodation in both parts of this division is, according to the latest measurements and adjustments, for 675 males and 793 females by night; there is a slight excess of day accommodation. Included in the accommodation but not yet in occupation, are two of the three bungalows (each for 40 patients) recently erected. The third bungalow is temporarily appropriated for 26 female nurses, who are on night duty.

As there is an excess of 25 female patients, we hope that the question of the erection of a nurses' home will receive the attention of the Committee, so that the bungalow referred to may be utilized for the purpose for which it was built, and other accommodation in the wards released. The two other bungalows, one for each sex, are ready for occupation, but this has been deferred owing to the coal strike.

The extensions in wards 9 and 10 on both sides at Rubery Hill are completed, and furnish very good accommodation, wards M.9 and F.9 being used as reception wards and M.10 and F.10 as day rooms for other wards.

The special treatment block at Rubery Hill is approaching completion.

We noticed that there were two outside iron staircases at Rubery Hill which were not provided with artificial light, and suggest the advisability of their being so supplied.

Generally the fabric of the institution is very well maintained, and we found the day rooms and galleries well kept and the single rooms and dormitories clean and tidy and the beds and bedding in proper condition.

The maintenance rate is the same as last year—26*s.* 3*d.* per week for the City patients and 42*s.* for those of the private class, of whom, apart from 73 " Service " or " ex-Service " men, there are 4 males and 6 females.

The average weekly maintenance cost as last ascertained was 29*s.* $1\frac{1}{8}$*d.*

The present nursing staff consists of—

	Males.	Females.	Total.
Charge - - - - - -	13	17	30
Ordinary - - - - -	99	84	183
Night - - - - - -	15	16	31

Fifty-one of the men and 44 of the women are certificated or registered as mental nurses, and 33 other men and 22 other women nurses have passed the preliminary examination.

We were sorry not to have the advantage of meeting Dr. Graves, who was away in London attending the annual meeting of the Royal Medico-Psychological Association.

In our report on the Winson Green institution we are referring to the steps which have been taken to unify the mental hospitals controlled by the City of Birmingham Visiting Committee with a view to obtaining consistency in administration and treatment, and here we will only record that as from the 1st of June this year Dr. Graves has assumed the post of chief medical officer of the City Mental Hospital, while retaining the position of medical superintendent of this division, where he has the assistance of five medical officers, the deputy superintendent being Dr. Elizabeth Selkirk, who was lately an assistant medical officer at Winson Green.

Brighton Mental Hospital.

December 11th, 1926.

It is three and a quarter years since I visited this hospital, and in the course of my tour yesterday through the wards and some other parts of the institution it was impossible to be otherwise than favourably impressed with the many improvements that have been effected in that interval, and with an evident desire and intention on the part of the authorities here to maintain a progressive policy.

Conspicuous among improvements that have been completed is the erection of a generating station for the supply of electricity for light and power. Current for light was turned on a few days ago, and my visit was sufficiently prolonged into yesterday evening to enable me to observe that the result seems very satisfactory, also that there are now no single rooms without artificial light. I feel sure that this has been a most wise provision on the part of the Committee, and that, besides the additional comfort thus secured, it will prove an economical step. Moreover, there are other provisions which it has been desired to make, but which have had to stand over pending the availability of electric current—for instance, adequate arrangements for giving cinema entertainments and, in the kitchen, a Hobart mixer.

A much needed sewing room and a waiting room have been provided by the conversion of other rooms. Sanitary conveniences are being modernized, and the ranges of new basins, fitted with hot and cold water, in male wards 1, 2 and 3, and in the correspondingly numbered wards on the women's side, are a marked improvement on what previously existed. Another item completed is the tar-phalting of the paths in all the ward gardens and laundry yard. There were many other improvements—some of them administrative—that I observed; though they are, in a sense, minor and do not call for mention in this entry, they all have a material bearing upon the comfort and well-being of the patients.

Among improvements contemplated by the Committee, some of which have received their approval, mention may be made of: (1) provision of a refrigerator in the stores, (2) of a pavilion in the park, (3) of a fire station, (4) connecting the drainage with the public sewer, (5) plastering the small dormitories in female wards 1, 2, 3 and 4, and other redecorative work, and (6) the provision of a pathological laboratory and operating room.

The laboratory, it is hoped, will be shortly completed, and then will arise the question how best to ensure that it is fully utilized. Undoubtedly, one essential will be the services, whole or part time, of a laboratory assistant. With respect to pathologists' duties, I suggested to Dr. Harper-Smith that, in order to secure continuity of work in the hands of an expert, consideration might well be given to the appointment of a visiting pathologist—perhaps by co-operation with the Stephen Ralli Laboratory of the Royal Sussex County Hospital. Links between the medical work of a special hospital and that of a general hospital are all to the good, and there is already a precedent, in that a member (Mr. R. F. Jowers, F.R.C.S.) of the honorary staff of that well-known hospital is visiting surgeon here.

In connection with the projected operating room, plans of which have been the subject of correspondence with our Board, I was glad to avail myself of the opportunity yesterday of looking at the proposals on the spot and discussing them with Mr. J. G. Gibbins, the Committee's architect, as well as with the superintendent.

Though most reluctant to suggest postponement of the provision of what is said to be a much felt need, I cannot but think the Committee would be well advised were they to re-open consideration as to the erection of an admission hospital, when, should they decide to make this provision, proper surgical as well as medical facilities could be incorporated in it. Ordinarily, an operating room is best situated near the sick wards, but the difficulties of arranging for this here seem to be great, and hence my suggestion. In this connection some misunderstanding appears to have arisen; but I explained that, in order to enable the Committee adequately to consider the question of an admission hospital, our Board would gladly give assistance in working out details.

Before passing from structural matters, there is one matter I should like to emphasize, namely, the pressing necessity for some verandahs. That they would be thoroughly utilized here there need be no doubt, for, in order to give open-air treatment to patients in bed, the nursing staff, with commendable enthusiasm, daily carry the bedding of a considerable number of patients to and from the gardens. Apart from the labour involved this beneficial treatment is dependent upon fine weather.

It happens that it is exactly a year since one of the Commissioners was last here. As the result of the changes that have taken place during that time, there are now on the books the names of 837 patients, 307 males and 530 females. Of these 39 men (including 22 " Service " and 2 " ex-Service " cases) and 41 women are of the private class. The number also includes 49 male and 89 female cases under contract from Eastbourne, 15 women under contract from Middlesex and 13 out-county cases awaiting adjudication.

There are 9 men and 5 women boarded out under contract, respectively at Netherne and Hellingly, but there are no cases boarded out in private families under s. 57. The advantages offered for this purpose by many rural places near here might make it worth while giving some consideration as to whether there are not some cases in the hospital suitable for boarding out under this section.

Of the rather more than 170 direct admissions, only about 35 per cent. were received direct from their own homes, the rest coming here after being taken first to the Poor Law institution. I was under the impression that this unnecessary stress upon patients in need of mental hospital treatment had been largely eliminated in this area. The Committee would

be doing a good service if they would use their influence to persuade those concerned to see that only really urgent cases are dealt with under s. 20.

Of the discharges only some 16 per cent. were sent on trial as a preliminary step and by way of testing their fitness for discharge, so that there is room for much greater extension of this serviceable practice, and with it—I would urge—a much more frequent granting of money allowances; the latter were granted in only four cases. Our Board's views on this matter were set out in considerable detail in our Eleventh (1924) Annual Report (pages 27-29).

Subject to the absence of special facilities for keeping recent and recoverable patients away from protracted cases, the patients are well classified. Parole is accorded to some 60 men and 20 women, of whom 33 are allowed to walk out unattended beyond the grounds. One ward on each side is an " open-door " one, and that its occupants were proud of the confidence reposed in them was apparent by their insisting upon my seeing, when visiting the ward, that the doors were in fact unlocked.

The weekly charge is at present 24*s*. 6*d*. a head; this closely approximates to the actual costs of maintenance.

There have been 67 deaths, 29 on the male and 38 on the female side, all from natural causes, verified in the very good proportion of 76 per cent. by post mortem examination. This is a great advance in the frequency of these important examinations since I last noted the proportion.

Much medical interest and keenness in treatment were also noticeable in the wards, in all of which I was glad to find there is now a clinical room. Here, and on truckle beds in the gardens, I saw 35 male and 96 female patients in bed, that is respectively 12 per cent. and 18 per cent. of the total numbers of males and females in residence. The difference between these percentages is rather striking and the latter one is unusually high; but, on enquiring into the reason why each of these patients was in bed and what was being done for them, I did not find that any of the women had been continuously in bed for an unduly prolonged period. The practice—and I have no doubt a good one—prevails here of putting to bed any patient who shows loss of weight partly in order to enable treatment (including the administration of neurotonic vaccines and fruit juices) to be more thorough and partly (by a careful watch on temperatures, etc.) to avoid overlooking any tuberculous case. As an aid to these efforts, especially in the present absence of verandahs, treatment by ultra-violet radiation would probably prove of considerable value, the cost of the apparatus is quite moderate.

Tuberculosis was the cause of death in two males and three females, that is in 7 per cent. of the total deaths, which is comparatively a small proportion. So far as ascertained there are at present 4 cases of this disease on the male side and 12 on the female side. Suspected cases are seen in consultation with the tuberculosis officer of the Brighton Health Committee. Apart from one case of chicken-pox and two female cases (one a member of the staff) of enteric fever, there has been an entire absence of other instances of infective disorders.

As to serious casualties, there have been three cases of fracture, two of dislocation and one of rather severe scalding, all being the result of simple accidents.

Many improvements have been made in the dietary, from which it can be said that monotony has been effectively removed. Indeed, where so much has been done, one hesitates to make any criticism. I believe, however, that where porridge is given at breakfast it would be more popular if, in lieu of condensed milk in its making, it were made with water and an issue of milk were allowed sufficient for about 2 ozs. of cold milk to be poured over the porridge on the plate. I think, too, that on the evenings when only cake is given at tea it would be more liked were half the quantity given with half the ordinary allowance of bread.

The wards throughout were in very good order, comfortable and sufficiently warm. The supply of papers, magazines and books is excellent; indeed, as to books, I have seldom seen as good a supply anywhere, and I hope it will be maintained. There seemed to me still to be a deficiency of bed tables in the dormitories where patients are in bed by day. In the male wards a great deal of scraping and planing has been done to the old floors, thereby much improving their appearance, besides rendering them more sanitary. Of the patients in bed some 16 were in single rooms, and it was pleasant to notice that most of these rooms were provided with some simple articles of furniture; though these may not be of any practical use to the patient in bed they greatly transform the appearance of these rooms and have a mental effect which I am convinced is of value.

The nursing staff is numerically substantially the same as recorded by my colleague last year. Of the male nurses 57 per cent. and 30 per cent. of the women are certificated or registered as mental nurses; these are creditable proportions, though efforts to increase them, especially the latter, will doubtless not be relaxed.

Dr. Harper-Smith's deputy is Dr. F. H. Guppy, D.P.M., and an appointment is about to be made to fill the post of second assistant medical officer.

Bristol Mental Hospital.

March 18th, 1926.

This hospital labours under a disability which is common to many institutions which are old in date of erection. Whilst there is ample accommodation for chronic and cases of long standing—there are vacancies for 141 (males 79, women 62)—there are no amenities for the treatment, according to the best modern views, of acute and recovering cases of insanity. Dr. Barton White is imbued with these views, and is doing what he can under the existing conditions to deal with such cases apart from the other inmates. Until, however, further provision is made, and that by the addition of an admission hospital and convalescent villa, it will not be possible to afford new and recoverable patients the treatment that is now aimed at in modern institutions for the care and nursing of those afflicted with mental trouble. It appears to us to be impossible, by any rearrangement of the existing wards, to bring about a satisfactory classification, and we hope that the Committee, which we understand is shortly to take this question into consideration, will see their way to affording the necessary facilities for the treatment of the patients in accordance with those which prevail in more up-to-date mental hospitals.

We have seen all the patients, we believe, who are in residence, and found them to be, subject to what we have said, in all respects well cared for. The wards where the better class of patients reside are very attractive —there are open doors and other privileges, but we think something might still be done to some wards where the faulty and degraded patients are to render them brighter by the hanging of more pictures and redecorating them in brighter colours when the time arrives for their renovation. There might also in these wards be a supply of cheaply bound periodicals, for though but few of them probably will read books, not a few may be attracted and kept quiet by looking at illustrated periodicals and magazines scattered freely throughout the wards.

The dinners which we saw were good and ample, and the diet generally appears to be varied and sufficient.

We had nothing in the nature of a complaint from any patient, and we believe that they are as content under their enforced restrictions as they can be.

The stocks in the wards, though they have been undoubtedly been considerably increased, are still in some respects on the short side, but are, we understand, being gradually made up to what is considered to be necessary.

We saw some of the new dresses for the better behaved patients, and it is evident considerable attention is given to avoid as far as possible the institutional style, both as to cut and material. We think that for the men's clothes a steam press would be found most useful.

We should like to see more ward bathing in preference to the use of the general bathroom; this would greatly do away with the crush and overcrowding which must occur under the present arrangements, and we think dressing gowns might be provided for the women.

A box mangle in the laundry should be protected in the way we have suggested to Dr. White.

Since October 1st, 1925, there have been 123 admissions, 63 have been discharged, of whom 39 had recovered, and 3 were dealt with under s. 79 of the Lunacy Act. Those allowed on trial numbered 38. The deaths were 54. There are on the books 416 males and 488 women, a total of 904. There are 64 private patients, those classed as "Service" patients being 37, for the most part in a ward by themselves, and there are 8 out-county patients. Five patients are on trial, leaving in residence 416 men and 483 women, in all 899.

Parole beyond the estate is allowed to 9 patients and 80 have parole of the grounds.

The maintenance rate for home patients is 22*s*. 2*d*. and for private patients from 31*s*. 6*d*. to 35*s*.

There has been no mechanical restraint and but little seclusion.

The staff consists of—

Charge male nurses -	12	Charge female nurses -	8
Ordinary - - -	39	Ordinary - - -	51

for day and 7 and 9 respectively for night duty.

Nineteen male and 10 female nurses are registered as mental nurses, and 14 of the former and 6 of the latter have passed the preliminary examination.

The health of the patients appeared to be good, and since the last visit, except for one case of dysentery, there has been no infectious disease amongst them.

The death rate for 1925, however, was still high as compared with that of other mental hospitals, and the notifications of tuberculosis numbered 23 per thousand population as compared with the mean rate of 11·8 per thousand in all mental hospitals.

Dr. Barton White is fully aware of the necessity of keeping a careful watch over the causes of both these diseases.

The majority of those in bed were in the infirmary wards, and we were satisfied that they are receiving careful nursing, but we would again draw attention to the shortage of bed tables and to the small accommodation which is provided for open air treatment in these wards. We are therefore glad to note that a verandah will ere long be provided in connection with F.19 ward.

The 54 deaths have all been due to natural causes, but we noticed that the chief of these was general paralysis of the insane, which accounted for the deaths of 7 men and 2 women. Treatment of this disease by induced malaria has so far not been tried as it has not been found possible to isolate any room for its use. We hope on further consideration some small room can be utilized so that the more hopeful of the cases may have the one chance that this treatment appears to offer.

We were informed that a large number of the patients are not allowed to undress by their beds at night, so that there can be no danger of any patient secreting dangerous articles at bed-time. Experiment in other mental hospitals has shown this risk to be one of small moment, and we believe the general comfort of the large majority will be improved if the practice is altered in future. No doubt Dr. Barton White will give this his consideration.

Miss M. P. Dunn, M.B.E., has now retired from the post of matron, and her place has been taken by Miss Jones, from Cornwall Mental Hospital. Miss Jones is fully trained in hospital and mental work, and she is already showing great keenness in doing all she can to assist the medical superintendent in bringing the nursing and care of the patients up to a high standard.

We were very pleased to hear that the Committee are contemplating the appointment of a visiting staff of consultants in medicine, surgery, diseases of women and diseases of the eyes, and that Dr. Carey Coombs, Mr. Lacy Firth, Dr. D. C. Rayner and Mr. Cyril Walker have expressed their willingness to accept these positions. We regard these appointments as a great advance in the administration of the hospital.

Dr. Flock has retired from the post of senior assistant medical officer and his place has not yet been filled, so that at present the only permanent assistant medical officer is Dr. Herbert Smith.

Dr. Barton White continues to be most energetic and assiduous in his administration.

Canterbury Mental Hospital.

November 26th, 1926.

During the period that has elapsed since the last visit from members of the Board some useful additions have been made in the amenities of the hospital by the provision of a dental and an ophthalmic room, the installation of a water-softening plant and of an independent heating system in the male private block. I was pleased also to note the pleasing alterations which have been made in the mortuary visiting room.

In and outside decoration has been effected and I found the hospital in good order, the wards comfortable, and the patients, all of whom I have seen, evidently in receipt of proper attention and care.

Those in bed numbered 43, amongst whom there is no case of acute physical illness, the majority under bed treatment being there for mental reasons or the debility of old age.

There is but one case of tuberculosis in the hospital, a woman, and there has been and is no other case of epidemic or zymotic disease.

Since May 1st, 1925, there have been 32 admissions, 10 patients have been discharged, all of whom, it is satisfactory to see, had recovered. Six patients have been allowed out on trial and 20 have died from natural causes, one of each sex from general paralysis and a like number from tuberculosis and senile decay. Post mortem examinations were held on 14 of these deaths.

There are on the statutory books 215 patients, males 79, females 136, all of whom are in residence.

The private patients number 41, males 17, females 24, and 6 are classed as " Service."

There are 44 out-county patients, 40 of whom are received under contract from St. Audry's Mental Hospital.

Parole beyond the estate is permitted to 4 patients of each sex, and 11 males have a more limited parole within the grounds.

There are vacancies for 47 males and 10 women.

The weekly maintenance rate for home patients is 28*s.* and for private patients from 42*s.* to 84*s.*

There has been no mechanical restraint.

An inquest was held in the case of one death, when the verdict returned was death from natural causes in accordance with the medical evidence.

The two serious non-fatal casualties call for no comment.

The staff consists of—

Charge male nurses -	3	Charge female nurses -	4
Ordinary - - -	11	Ordinary - - -	16

for day and 4 and 6 respectively for night duty. The male nurses who are certificated or registered as mental nurses number 9, and the female number 6, whilst 5 male and 10 female nurses have passed the preliminary examination.

Dr. Sall, who evidently takes a lively interest in this little colony, is assisted by Dr. Marriott, who is here in a temporary position.

Cardiff City Mental Hospital.

October 15th, 1926.

Without entering into details we need only say that Dr. Goodall, with the help of his trained staff, continues to carry on the research and kindred work which has been so frequently referred to with approval in the reports which have from time to time been made by the members of the Board at their annual visits to this hospital.

Our visit has been a most interesting one, in the course of which we have seen all the patients in residence and have, under Dr. Goodall's guidance, been taken through the clinical, pathological and chemical laboratories and the various other departments which have been provided and equipped for scientific investigation.

The hospital is throughout in its usually well ordered condition, the patients are suitably clothed and are in receipt of all due care and supervision.

We had no complaints as to treatment or surroundings, and with the exception of a few who were anxious for their discharge, the patients were contented with their lot, and those able to appreciate their condition and what is being done for them were grateful to the medical and nursing staff.

The only criticism we would make is as to the absence of parole and open door wards. We are convinced of the usefulness and desirability of giving to certain selected patients (and surely there must be some) a certain degree of liberty, if not beyond at any rate within the grounds, and we hope this matter will not be lost sight of but will be given further consideration. The views of our Board on this subject are fully set out in the Annual Report for 1925, at pages 15 to 17 and 27 to 29.

We are pleased to learn that some members of the Women's Citizen League visit some of the wards on each side every week for the purpose of friendly talks, reading and writing letters for the patients, and also giving information so as to enable them to get into touch with the patients' friends.

The health of the patients has been good, and except for two cases of enteric fever on the female side the hospital has been entirely free from epidemic disease. Cases of enteric fever crop up from time to time, and it is noticeable that as a rule they arise in one ward. So far it has not been found possible to test all the patients in the ward by the Widal test and by faecal examination to discover the presence or absence of a carrier, but we hope this course will be adopted before long.

The sick patients, including those suffering from tuberculosis, are nursed in the infirmary wards or on their verandahs, and we were entirely satisfied that they are receiving careful and skilled nursing.

All the 52 deaths were due to natural causes, the chief cause being general paralysis, 14 males and one female.

No inquests have been held.

We were shown the ultra-violet ray apparatus which has recently been added in part of the dental room, and shall be much interested to have the results of the treatment at some future date.

As the result of the changes which have taken place amongst the patients since October 2nd, 1925, including 193 admissions and 93 discharges, of whom 57 had recovered, there are on the books the names of

595 patients, male 303, female 292, of whom 3 women are now on trial, leaving in residence 592 patients. During this period trial has been granted to 41 patients and 21 have been dealt with under s. 79 of the Lunacy Act.

There are 5 out-county patients.

There are vacancies on the male side for 20 patients, on the female side for 108.

The private patients number 46, of whom 29 are classed as "Service."

The maintenance rate is 31*s.* 9½*d.* for home, and for private patients from two to two and a half guineas per week.

There is still some little room for improvement in the variety of the diet.

The staff consists of

Charge male nurses -	6	Charge female nurses -	11
Ordinary - - -	29	Ordinary - - -	57

for day and 4 and 9 for night duty.

On the male side 26 female nurses are employed.

There are 23 male and 30 female nurses who are certificated or registered as mental nurses, and 2 of the former class and 7 of the latter have passed the preliminary examination.

We regret to hear that Dr. Walker, the deputy superintendent, has been compelled to resign his position on the ground of ill health. Dr. Angus McNiven has been appointed to succeed him but has not yet taken up his duties, and Dr. Simon Grossman is still here.

Croydon Mental Hospital.

December 7th, 1926.

We are glad to be able to report that as a result of our inspection of this hospital to-day we have found everything in excellent order, and we have been much pleased with our visit. We found the day rooms clean, comfortable and well furnished, and a good supply of flowers and ferns, books and picture papers. We think that the arrangement whereby the patients have their meals at small tables is one that is likely to be much appreciated by them. We were glad, too, to see that in most of the wards there was a good supply of easy chairs and comfortable seats.

Much care is evidently taken with the dresses of the female patients, and there seemed to us to be a very good and varied supply of dresses made in the workroom and the taste of the individuals seems to be studied, so far as it is possible to do so, in choosing clothes for them.

The dormitories were clean and well kept, bright and well ventilated, and the beds and bedding were in good order. We were glad to find that proper steps are taken to ensure that each patient gets his or her own nightdress or nightshirt, and that even if they are accidentally mixed there is no difficulty in sorting them to their proper owners.

The patients themselves were very contented and free from complaint of any sort, and during the time we were in the wards the conduct of the patients generally was very orderly.

Although there is not yet a cinema apparatus in the hospital a moveable machine is brought down to the hospital and an entertainment given every week. In addition to this there are also weekly concerts and dances during the winter months for the entertainment of the patients.

As a result of the changes which have taken place in the hospital since the last visit of one of our colleagues in May, 1925, there are now upon the statutory books the names of 664 patients, of whom 207 are males and 457 are females. There are 38 males and 80 females in the private class, 15 being "Service" patients and 1 an "ex-Service" patient. Twenty-two patients have been allowed out on trial, but we are sorry to find that in only one case was a money allowance granted. We cannot help thinking that a money allowance might have been granted with advantage in other

cases, and we hope that this useful section of the Act of Parliament which permits these grants will be taken full advantage of in the future.

Of the total number of patients on the books two were to-day out on trial, so that the number we actually saw to-day was 662.

Parole is allowed to one male patient beyond and to 15 males within the boundaries of the estate.

The hospital has now vacancies for 2 female patients and the male side is overcrowded to the extent of 5. The weekly maintenance charge per head for home patients is 28*s*., for male private patients from 28*s*. to £5 5*s*., and for female private patients from 28*s*. to £4 4*s*. The average weekly maintenance cost for the year as last ascertained was 27*s*. 8*d*.

During the period under review various additions and improvements have been made in the hospital, amongst them being the provision of a new electric dish-washing machine, a new water-softening plant, a new sterilizing machine in the operating theatre and two new potato steamers. Twelve new cottages have also been completed and are now, we hear, in occupation.

The death rate during 1925 was 6·4 per cent. of the average number resident, the corresponding percentages for the male and female sexes being 8·5 and 5·5 respectively. Though these figures are somewhat higher than those for the preceding two years they are satisfactorily low. The good general health of the patients is also attested to by their appearance and by an almost complete absence of infective disorders, instances of the latter, according to the returns furnished to us, being two cases of dysentery last July (both of which arose in the ward (E) occupied by female patients of the excitable type) and a not heavy incidence of tuberculosis.

Deaths during the period under review have numbered 29 on the male and 36 on the female side, all from natural causes, which, however, were verified in only six cases by post mortem examination—i.e., in scarcely 10 per cent. of the 65 cases. This is a very meagre proportion; for the sake of their protective, as well as their scientific, value, we hope that a determined effort will be made to make these examinations in as many as practicable of the deaths.

Among the causes of death heart disease and general paralysis were the most numerous. Only one was due to epilepsy although the number of epileptics here is above the average elsewhere, particularly so on the male side. Six deaths, all but one being females, were due to tuberculosis, and the number of tuberculosis cases, so far as is known at present in the hospital, is two on each side.

We saw 6 male and 11 female patients in bed, that is scarcely 3 per cent. of the total in residence, an unusually low proportion. The arrangements for sick nursing in the two hospital wards are in every respect admirable, and the appearance of the dormitories of these two wards is strikingly cheerful and pleasant. We saw a few cases for whom, according to experience related to us elsewhere, treatment by ultra-violet radiation would probably be of real service; and we were glad to hear from the medical superintendent that this matter is under consideration. Means to improve the artificial lighting of the operating room, which otherwise is a first-rate room and well equipped, is also under consideration; we mentioned a device which we have lately seen and which is said to be very efficient.

We visited the newly-built laboratory, which now only awaits the transfer of apparatus from the previously existing small room and some further equipment.

There is here such an evident desire to maintain a good standard as regards medical resources that we hope no time will be lost in securing the services of a well trained laboratory assistant; without such the value of this important new addition to the hospital will be seriously curtailed.

The erection shortly of a detached nurses' home is under active consideration, and we understand that the final plans will shortly be forwarded to our Board for approval. This is a very desirable provision; but, as is realized, it will set free only a comparatively small number of beds for patients, and only on the female side.

The nursing staff consists of 6 men and 11 women nurses holding charge rank, 29 men and 40 women for day and 8 of the former and 12 of the latter for night duty. Thirty-one men and 27 women nurses are certificated or registered as mental nurses and 13 men and 4 women have passed the preliminary examination.

Dr. Pasmore continues to have the assistance of Dr. H. M. Berncastle as his deputy, the other two posts on the resident medical staff being at the moment vacant. A dental surgeon visits weekly. While we are aware that the Committee authorize the calling in of consultants if considered necessary, we believe that they would be well advised were they to endeavour to obtain the regular services of visiting specialists, such for example as a surgeon, aurist and radiologist, who would visit, apart from emergencies, at regular intervals. This is a policy which is yielding fruitful results elsewhere and could not fail to ensure full advantage being taken of the first-rate medical facilities which the Committee have provided here. We suggest that the best way to put such a policy in operation would be to create a link between this hospital and the well-known Croydon General Hospital—a step which by reciprocity would be certain to develop in other directions and to be materially advantageous to both institutions.

Derby Borough Mental Hospital.

October 21st, 1926.

We began our inspection of this hospital rather late yesterday afternoon and have finished it this morning.

We found the wards and dormitories bitterly cold, and we feel convinced from what we have been told that the hot water warming system is not in proper working order. We realize to the full the difficulties that arise at the present time and that open fires in the wards are perhaps impossible, but apparently, in spite of big fires and a good quality coal in the boiler house, little or no heat comes into most of the radiators. We think this is a matter that requires the immediate attention of the Committee. Some of the day rooms to-day between 11 and 12 were as low as 44 degrees, others 48 degrees.

The day rooms and corridors were nicely supplied with plants and pictures, and we were glad, too, to see cages of birds in some of the wards. The day rooms, too, have nice wireless loud speakers, which were in use when we went into some of the wards last night. We should like to see more picture papers about in the wards, even if they are not the current numbers; they give great pleasure to many who cannot read or to whom reading is a difficulty. We were glad to see in many of the sanitary annexes cupboards with partitions for patients' tooth brushes, soap, etc., and to see that aluminium mugs are supplied to those that use tooth brushes. We think that nail brushes should be supplied in all lavatories for the use of patients.

The patients themselves were on the whole very free from complaints, though it was obvious that they were feeling the cold. They were clean and nicely dressed, and though last night in the female ward set aside for the more turbulent patients there was some degree of excitement, in the same ward this morning the patients were quiet and well behaved. We were told that our visit to the ward last evening followed closely upon another official visit, and we have little doubt that the entrance of two

strangers after a previous visit by persons not living in the building had the effect of disturbing the patients somewhat.

In the course of last evening we saw the patients at tea, which consisted of bread and margarine and cake; after tea there was a dance which we attended for a few minutes, and at which the dancers appeared to be enjoying themselves thoroughly.

We also visited the kitchens, the laundry, Albany House and the annexe.

At Albany House, which is set apart for private lady patients, we thought that it would much add to the comfort of the patients if more easy chairs were supplied for their use. We gave a private interview to one lady in Albany House, and were surprised to hear that the extremely nice room in which we talked to her is usually kept locked, and is only used as a visiting room. We wonder if it is necessary to take this step and whether it might not be used by the patients except when required by visitors.

Since the last visit by members of our Board a dentist's room has been fitted up; Albany House has been redecorated. The isolation hospital has been repaired and repainted. The wireless has been installed and other works have taken place; a good deal of decoration, however, still remains to be done, and a certain amount of new plastering, particularly in the side rooms. We feel very strongly that repairs to the plaster and paint in side rooms should be attended to at once, as damage by picking and scratching the plaster by a restless patient is apt to be continued by another patient who may afterwards use the room, whereas if the marks are removed or painted over at once the destructive idea may not enter into the second patient's mind.

During the period under review 188 patients have been admitted, 7 have been transferred to other care, 69 have been discharged (of whom 37 had recovered) and 42 have died. These changes leave on the books the names of 485 patients; one man is now out on trial, so that the patients actually in residence number 182 males and 302 females, a total of 484. Twenty-one patients have been dealt with under s. 79 of the Lunacy Act and 20 have been allowed out on trial to test their fitness for discharge.

The private patients number 53, 30 of these being of the female sex, 19 being " Service " patients and 3 " ex-Service." Out-county patients number 46.

Parole beyond the estate is usually allowed to 26 men and 18 women, and within the boundaries to 32 of the former and 36 of the latter sex.

There is accommodation in the hospital for 22 males, but on the female side the patients exceed by 10 the estimated numbers.

The weekly maintenance charge per head is 24*s*. 6*d*. for home patients and 35*s*. to 63*s*. for private patients. The average weekly maintenance cost for the year as last ascertained being 25*s*. 8*d*.

There are 5 wards on the male side, three on the ground floor and two on the first floor. On the female side there are 6 wards, three on each floor of the main building; besides these there are for women the small detached building, formerly the isolation hospital and now known as the annexe, and Albany House, a detached villa, housing at present 27 private and 5 rate-aided patients (all women).

Excluding the last named residence, there are thus for purposes of classification 5 units on the male and 7 on the female side. Classification is usually more difficult in a small than in a large institution, and we appreciate the difficulties here; but though the scheme for the use of the different units seems sound, we thought that the classification in practice and with respect to individual patients might well be rigorously carried out.

We were far from pleased with what we saw in the ward on the female side used for the nursing of the sick and for some of the new admissions. For instance, in the case of a newly admitted frail patient (M.E.) who was received on the 19 inst., at 9.10 p.m., with extensive discolouration round

both eyes (sustained at home), we found her very noisy and in bed in the middle of a dormitory of 22 beds; on her bed was lolling a fully dressed patient who, while apparently meaning to be kind to the new admission, seems to be of officious and interfering habits. It seemed to us that she and several other patients should not have been in a dormitory used for nursing purposes. With respect to this patient (M.E.) it was a disappointment to us not to be able to ascertain that any active treatment had been put in force for her as yet. Apart from ordinary measures, which we should like to have learnt had been taken in her case, we believe that the acute symptoms which she and one or two others were manifesting might quite possibly be relieved by the use of "continuous baths," means for giving which do not exist here.

Another matter in the same ward which distressed us was the odour and state of the floors in some of the single rooms and the manner in which the slice of bread and butter and cake had been served in one of them. We revisited this ward this morning, and feel sure that the sodden floors of soft wood in several of the single rooms need replacing by blocks or narrow boards of hard wood which can be properly polished.

The 16 male and 26 female deaths have all been from natural causes, verified in the very good proportion of 85 per cent. by post mortem examination. We noticed with pleasure the care with which the records of these examinations are made. Four of the female but none of the male deaths were due to tuberculosis, of which the numbers in the hospital as at present ascertained are one on the male and two on the female side.

Influenza was troublesome in the first two months of the year, affecting 17 members of the female staff and 55 patients, all but 8 of whom were on the female side. Six male patients suffered last July from "severe diarrhœa"; one case was fatal, and, from a perusal of post mortem records, we have little doubt but that it was one of dysentery. It seems to us a great handicap to the medical staff that there is no laboratory here. A small one with comparatively inexpensive equipment would suffice. To ensure its adequate use, we believe, in a hospital of this size, that the best way would be to secure the part time services of a visiting pathologist. One, for instance, who perhaps does similar work at a local general hospital. We desire to mention in this connection that from a perusal of the clinical records and our enquiries as to certain of the patients in bed we have come across several cases here as to whom the advice of a visiting surgeon or other specialist would not fail to have been of assistance to the resident medical staff. This principle, which our Board strongly advocates, is at present recognized here in that there is a dental surgeon who visits twice a month.

Dr. Bain has as his colleague Dr. P. Court.

Exeter City Mental Hospital.

June 10th, 1926.

A ready response has been made to some of the suggestions which were made by our colleagues at their last visit. Fixed washing basins have been placed in the spurs of some of the dormitories, the female observation ward has been improved in regard to its ventilation, electric lights have been fixed on the outside fire escape stairs, some improved cupboards for containing food have been placed in some of the ward kitchens, and some general decoration and renovation have been and are in the course of being carried out.

A new verandah has just been completed in connection with the female admission ward, and we are pleased to hear that the installation of a cinema and a wireless set are in contemplation.

Our visit to this hospital has been a pleasing one, and we are satisfied from our inspection and our conversation with many of the patients that

they are tactfully and kindly treated, and that those who are able to appreciate their general surroundings are as comfortable and contented as the circumstances of their detention will permit.

We had no complaints of any kind as to treatment or diet, and the meals appeared to us to be suitable and varied. At both breakfast and tea there are extras every day, in addition to the ordinary bread and margarine, and there are two courses for dinner on each day.

There is an open-door ward on each side, the privilege of sitting up beyond the usual retiring hour is permitted to the more trustworthy amongst the patients and full and restricted parole is granted to those who are considered to be fitted for it.

We are glad to see that the amusement and the occupation of the patients are well considered.

As a result of the changes which have taken place amongst the patients since the last visit, including 21 discharges, 14 on recovery and 2 dealt with under s. 79 of the Act), there are on the statutory books 339, males 157, females 182, of whom 79 are private patients. The " Service " patients are 8 in number. Out-county patients number 44.

There are 2 women on trial, and we have seen 337—males 157, females 180.

There appears to be an excess of 3 patients on the male side and of 4 amongst the women.

The charge for home patients is 25*s*. 6*d*. per week and for private patients from 30*s*. to 45*s*.

There has been no mechanical restraint.

The staff consists of—

Charge male nurses -	4	Charge female nurses -	5
Ordinary - - -	18	Ordinary - - -	19

for day and 4 of each for night duty.

Ten male and 4 female nurses have been certificated or registered as mental nurses and 7 of the former and 14 of the latter have passed the preliminary examination.

We saw 22 patients in bed, the great majority being in the infirmary wards, and we were satisfied that the nursing is being carefully and skilfully carried out.

Except for a few cases of influenza and for 3 cases of mumps on the female side the institution has been free from epidemic disease, and only 3 patients, two women and one man, are known to be suffering from tuberculosis.

All the 19 deaths have been due to natural causes, and no inquest has been held.

In the absence of Dr. Reid on leave we received all possible assistance from Dr. Kilroy.

Gateshead Mental Hospital.

April 27th, 1926.

I have to-day visited this mental hospital and have found everything in very good order. The buildings appeared to be well maintained and the hospital throughout was clean and well ventilated. The wards were well supplied with plants and flowers and the bookcases with books. The beds and bedding in the dormitories were all that could be desired, but I noticed that as yet no nightshirts are supplied on the male side. I gathered that this matter is now under consideration, and I hope that before long this want will be remedied. In going through the sanitary annexes I made inquiries about the use by patients of tooth brushes, and was told that they will not use them; I think, however, that they should be supplied and an endeavour made to encourage the patients to use them regularly.

During my visit I saw a good dinner being served both in a male and

female ward, consisting of roast pork and two vegetables and a rice pudding. The dinner was being nicely served on plates that had been properly warmed. In the kitchen, which I visited in the course of the morning, I found 8 patients working. I was glad to hear from the cook that the breakfast porridge is served to the patients plain and that cold fresh milk is poured on to it in the wards and not cooked with it in the kitchen.

I found the patients on the whole very contented and very orderly; I had a number of requests for discharge from those who are not fitted to be at large. They were nicely dressed, many of them wearing their own clothes. There were, however, several small children, 5 boys on the male side and 3 girls on the female side, who I thought would be more properly placed in a mental deficiency institution if places could be found for them in a well equipped one. One boy in particular struck me as being a particularly suitable case and probably very educable. He was sent here as being always in trouble, attacking other patients, tormenting them, and was stated to be incorrigible. Since he has been here he has been no trouble at all, and I think that much might be done for him. He told me that he is very happy here.

The patients to-day in bed numbered 57, but with one exception, a very old woman who has pneumonia, there was no case of serious illness, most of the patients in bed being senile cases or patients more or less excited. In the garden set apart for the more turbulent patients I found some of the excited patients in bed, and apparently very comfortable in the open air. Failing a verandah, a shelter of some sort would be most useful here, as obviously the conditions which I saw to-day can only obtain when the weather is quite fine.

Since the last visit of a member of my Board, 93 patients have been admitted, one has been transferred to other care, 33 have been discharged (13 males and 12 females upon recovery) and 39 have died. These changes leave on the books the names of 176 males and 170 females, a total of 346. Of these 24 are "Service" patients and there are 3 female private patients. There are only 2 out-county patients. At the time of my visit two patients, one of each sex, were out on trial, making the number actually in residence 344. All these, I believe, I have seen to-day, and given them an opportunity of speaking with me.

There are vacancies in the hospital at present for 10 male and 16 female patients.

The 39 deaths were all from natural causes, verified by post mortem examination in 20 instances. There have been no inquests. Heart disease accounted for 14 deaths, tuberculosis for 5 and senile decay for 6. There has been no dysentery during the period under review, but at the end of last year there was an outbreak of small-pox which was confined to 8 cases, and of which full information was given to our Board at the time. To-day there were 3 cases of tuberculosis (2 pulmonary) being nursed. There have been two serious but non-fatal accidents, both fractures, one of the left femur due to a fall during a quarrel with another patient and the other of the ulna in a very restless resistive patient.

Various small additions to the conveniences of the hospital have been made, but do not call for special mention.

The nursing staff consists of 35 male and 32 female nurses, 8 of the former and 6 of the latter holding charge rank. There are four nurses of each sex on duty at night. Seven male and 6 female nurses are certificated or registered as mental nurses, and 11 male and 10 female nurses have passed the preliminary examination.

Dr. J. V. G. Tighe, who took me round the hospital to-day, has the assistance of Dr. Donald H. Cameron.

City of Hull Mental Hospital.

May 27th, 1926.

In the course of a long day spent yesterday in visiting this hospital, I went over practically the whole of the institution and saw all the patients in residence—340 males, 354 females—694 in all.

As a result of a considerable amount of general painting and renovation that has been gradually taken in hand, some of which is still in progress, the institution can be said to be generally in very good order. The day rooms and dormitories are bright and well supplied with objects of interest. There were a fair number of magazines, papers and books lying about on tables; but the total number of books struck me as on the small side; if a couple of shelves-full were kept visible and accessible in each ward I feel sure they would be appreciated. A considerable number of the single rooms are without bedsteads; the provision of a low bedstead with dwarf legs in each of these is very desirable. The Committee have under consideration the existing means of heating the single rooms throughout the hospital, and the question as to what extent this requires to be supplemented.

Since my colleague's visit last October, 97 patients have been admitted, 42 have been discharged, one has been transferred to other care, and 49 have died. These changes leave on the books the names of 341 men and 354 female patients, of whom one man is absent on trial.

In connection with one of the comments made by my colleague last year I find that of the 56 male and 41 female patients admitted during the period now under review only 17 of the males and 12 of the females were received direct from their own homes, the rest having been brought here from the Poor Law institution. It seems a pity that the latter are not restricted to those cases in which the mental illness arose while the patient was already in the Poor Law institution and to the comparatively few really urgent cases for which section 20 of the 1890 Lunacy Act was intended. In lately talking this question over in another urban area where, previously to the war, the practice of passing patients on their way to the mental hospital through the Poor Law institution had become invariable, and where it had been contended that any change in this procedure presented so many difficulties as to be impracticable, it was of interest and significance to learn that owing to the Poor Law institution having been used as a war hospital it became unavailable for the procedure in question, and it was then, and has ever since been, found after all quite feasible to send all patients in need of mental hospital treatment direct from their homes to the mental hospital.

The charge and actual cost of maintenance and the number of "Service," "ex-Service" and private patients remain practically the same as stated last October.

There has been no employment of mechanical treatment, and seclusion has been limited to the cases of 12 men and 15 women.

There are several quite young children of both sexes here who are mental defectives. Though they are all of the "low-grade" type and some of them obviously idiots, they strike me as altogether out of place here, especially as they all look (as is so often the case) even younger than their actual age. In the prevailing shortage throughout the country of accommodation for mental defectives, it may seem useless to say more than to record the fact of the existence of these cases here; perhaps, however, something might be done by the authorities of several mental hospitals situated comparatively near each other to arrange under contracts for the grouping of all such cases in one of these hospitals, at which it would then not be difficult to set apart a ward on each side for these cases, and to make special, or at least better, provision for their needs.

As testified by a number of criteria, the general health of the patients is undoubtedly good. The death rate during 1925 was 9 per cent.—11·4

per cent. on the male side, 6·8 per cent. on the female side; looking at the rates over a period of many years, this difference between the percentage as to sex seems to be fairly constant, and is no doubt mainly accounted for by the fairly high incidence here of general paralysis. It is satisfactory to learn that a resumption of the treatment of this disease by induced malaria is about to be made. There has been a complete absence of infective disorders except for the incidence, apparently not great, of tuberculosis.

With reference to tuberculosis, of the 29 male and 20 female deaths, the causes of which were verified by post mortem examination in the very fair proportion of 71 per cent. of these 49 cases, two of each sex were due to tuberculosis, and the number of cases so far as known is at present 4 on the male and 7 on the female side. All but one of the 4 males and all women were in bed, mostly on a verandah; but there was one of each sex being nursed in a dormitory, a procedure to be particularly avoided if possible. It is found difficult to attempt night-nursing in the open air until the verandahs are lit by electric light.

As to the installation of electric current, it is satisfactory to know that the transforming plant is expected to arrive within a few weeks, and that the necessary brickwork, &c., for its station has been completed.

There were 28 male and 40 female patients in bed, i.e., 9·8 per cent. of the total in residence. They all seemed to be in receipt of good nursing and careful attention. Some addition to the number of bed-tables would, however, I am sure be appreciated. It was pleasant to see that activity is maintained in the laboratory and that good use is being made of it as an aid to clinical work.

Among the deaths was a case of suicide, the somewhat remarkable circumstances of which, illustrating the ingenuity and determination sometimes met with in such cases, were fully reported to our Board at the time. Apart from this case, in which as well as in another an inquest was held, all the deaths were from natural causes.

Parole beyond the estate is acceded to 24 male patients and 10 others have this privilege within the grounds. No ward is at present administered by an open-door and club ward; but this practice, always so much esteemed and often very conducive to getting patients to employ themselves, will be easy to arrange when the two villas, one for men and one for women, are opened, as it is hoped will be possible in the course of this summer.

There are several matters relating to the absence of certain medical and other facilities upon which I have not touched in this entry, because they are well known to the Committee and are receiving the latter's sympathetic consideration. These matters are well advanced, and preliminary plans are now in our Office for an admission hospital, nurses' home, mortuary, recreation hall and a house for the deputy superintendent.

I was very glad, too, to learn that the importance of an endeavour to secure out-patient treatment for mental illness arising within the City is fully realized, as well as the advantage of securing co-operation as to this and other cognate matters with a general hospital.

Dr. Anderson, whose desire to advance the best interest of his hospital on modern lines is everywhere manifest, still has to assist him as deputy superintendent, Dr. J. MacInnes, D.P.M. The post of second assistant is about to be advertized.

Ipswich Mental Hospital.

March 11th, 1926.

We have to-day made and completed the annual visit to this hospital on behalf of our Board, and we were impressed with the homely and comfortable atmosphere which prevails. The day rooms and dormitories were in good order, and many parts of the premises were undergoing redecora-

tion. The day rooms were well supplied with flowers and plants and generally presented a cheerful appearance.

The admissions and discharges, 49 and 24 respectively, and the 12 deaths that have occurred since the last visit, together with 7 patients transferred to other institutions, have left on the books the names of 141 males and 191 females, making a total of 332, all of whom are in residence. The transfers to other institutions include two patients transferred to Severalls as general paralytics for treatment by induced malaria. Two patients who were previously so transferred for the same purpose and received back here were subsequently discharged recovered and are now doing well. Amongst the patients are 52 out-county cases, 51 from Bury St. Edmunds, and 49 private patients, including 17 in the "Service" and "ex-Service" classes. One patient is allowed parole beyond the estate and 16 males and 9 females have freedom for exercise within but not beyond the estate. The number of patients now under care shows a surplus of 45 over estimated accommodation, 11 on the male and 34 on the female side.

The maintenance rate per head per week is 24*s*. 6*d*. for home patients, from 30*s*. to 42*s*. for private patients; the average weekly maintenance cost being as last ascertained about 22*s*. 3*d*. We were glad to hear that the majority of admissions are received direct from their homes and that 15 of the 24 cases discharged were released on recovery. This, however, we understand does not represent the exact position, as Dr. Ogilvie informs us that he favours discharge as relieved, at as early a moment as possible, cases he considers more likely to make a rapid recovery at home.

All the 12 deaths were due to natural causes, no special circumstances calling for comment in any one of them.

We saw all the patients in residence and found them in good health generally, contented, orderly in behaviour and apparently well cared for in all respects. With one exception, a patient received from home in a serious condition, the sick patients in bed were represented by patients under special nursing care for mental reasons and others suffering from those forms of chronic disease usually associated with mental disorder. Three women were suffering from tuberculosis and were undergoing open-air treatment, but there were no cases of this disease on the male side and no cases of dysentery or other infectious condition on either side of the hospital.

There has been only one instance of a serious but non-fatal casualty, a dislocation accidentally sustained.

We saw a dinner served to the patients consisting of meat pie with two vegetables, followed by rice pudding with treacle, a meal that in our opinion was good in quality and sufficient in quantity. We were pleased to see the care that was taken to place it before the patients hot. We thought, however, that it would be more economical and present a more appetizing appearance if the potatoes were served pared instead of in their skins, which could most easily be effected by the provision of a potato peeling machine. We appreciate, however, that many useful additions have been made of late to the kitchen equipment, and have no doubt that as time passes consideration will be given to the desirability of supplying other useful and economical conveniences such as the above, a fish fryer and a Hobart machine. The provision of all these appliances was urged in the report of the Departmental Committee on Mental Hospital Dietaries.

We hope the Committee will not lose sight of the value and popularity of a cinema installation, an addition to hospital equipment that has proved at so many other institutions to contribute largely to the interest and contentment of patients.

We heartily approve of the recent appointment by the Committee of a matron possessing general as well as mental hospital training.

The ward staff consists of 46 male and female nurses, 19 of each sex for day duty and 4 of each sex for night duty, and it is satisfactory to note that 20 of these are registered as mental nurses, 12 possessing also the certificate of the Medico-Psychological Association. Nine others have passed the preliminary examination for this qualification.

Dr. Ogilvie now has the help of Dr. A. M. Maccallum as his permanent assistant medical officer, and we are glad to note that Mr. J. P. James has been appointed as visiting dental surgeon and that suitable equipment has been provided on the premises for his use.

Leicester City Mental Hospital.

April 14th, 1926.

The changes that have taken place amongst the patients since the visit made by my colleagues in January of last year leave on the books the names of 901 patients, 361 men and 540 women, and all were in residence to-day except one woman who was away on trial.

Of this number 113, all except one being females, are chargeable to out-county unions, 105 being chargeable to London, 6 to West Ham and one each to Hampstead and St. Pancras, and 66 are classed as private patients, 38 of the 45 males being " Service " patients.

As the day accommodation only provides for 346 men and 501 women, there is overcrowding by day by 15 men and 38 women, but by night there are vacancies for 3 men and 17 women.

The maintenance charges are 22*s.* 9*d.* per week for home and 31*s.* 6*d.* to 42*s.* for private patients, and the actual weekly cost as last ascertained was 20*s.* $5\frac{7}{8}$*d.*

At my visit to-day, when I was accompanied by one of the Board's Inspectors, I believe I saw all the patients, and I gave to all who wished to do so the opportunity of speaking to me. I found them to be very contented and no one complained in any way of their treatment. The friendly feeling between the patients and their doctors and other members of the staff was very marked, and the general atmosphere of the hospital was one of happiness and good will.

The buildings were well maintained and the patients' quarters were comfortable and excellently kept. The patients' clothing is evidently well looked after, and great effort is made to avoid uniformity and to improve the patients' appearance in every way. I was especially glad to see the better boots and shoes that are now being obtained for the women.

There are one or two matters to which I should like to draw the attention of the Committee so that they shall not be lost sight of in the future. These are the improvement of the w.c.s on the female side, the improvement of the airing court for troublesome female patients, the provision of a cinema, and the provision of letter boxes in the wards. All of these matters will, I have no doubt, receive attention when opportunity occurs. The classification of the patients is evidently well thought out, and the number of patients who are able to be given considerable liberty is very satisfactory and is a great feature of this hospital, but the absence of an admission hospital and convalescent villas must be felt in the treatment of recent and recoverable patients.

I visited the workshops and was glad to see the numbers of patient workers there, but I could not but think that were an occupation officer appointed a number of those who now are quite unoccupied might be induced to do fancy or other work to their great good. Perhaps the Committee would consider making such an appointment.

The sick patients were being nursed in the infirmary wards or on their verandahs, and appeared to be receiving most careful medical and nursing attention, but there still appeared to be a need of more bed tables in these wards. Few were seriously ill, and during the period under review the

hospital, except for one case of dysentery on the male side, has been free from epidemic disease.

The death rate for 1925 was somewhat higher than that of the previous year, being 10 per cent. for males and 8·5 per cent. for females, or a total of 9·1 per cent. for both sexes. Of the 91 deaths recorded since the last visit all except 4 were due to natural causes, 3 of the exceptions being due to accidental causes and the remaining one being due to a suicidal act whilst the patient, a woman, was at home on short leave. An occurrence of this nature must of necessity take place at times, and is quite unavoidable if the increased liberty, which my Board are most anxious should be allowed to the patients, is to continue to be given. Concerning this and the deaths due to accidents, inquests were held by the coroner.

Among the improvements that are now being carried out are the alterations at Humberstone House, which is being prepared as a residence for the medical superintendent, the conversion of Northfield House into a residence for some 40 farm workers, and the extension of cowsheds at the Northfield farm. The quarters now occupied by the medical superintendent will probably be used for the senior nurses, and their present rooms will be added to the patients' accommodation.

The staff now consists of 39 male and 56 female nurses for day and of 7 male and 8 female nurses for night duty. Considerable effort is made by the medical staff and the sister tutor to bring their training to a high state of efficiency, and it is satisfactory that 18 of each sex are certificated as mental nurses and that 14 men and 11 women have passed the preliminary examination.

Dr. Dixon has the assistance of Dr. Lyall as senior medical officer and of Dr. Davidson as assistant medical officer and pathologist. It is intended largely to increase the routine tests for clinical work and research work in the laboratory, and it is satisfactory to know that the Committee are now advertizing for a technical assistant. As I reported in 1923, I am still of the opinion that another assistant medical officer is necessary.

It has been a pleasure to visit the hospital and to note the happy atmosphere and the spirit of progress that prevails throughout.

City of London Mental Hospital.

November 18th, 1926.

An outstanding and satisfactory feature in the history of this hospital during the past twelve months is the clean bill of health which the records disclose. There is but one case of tuberculosis (a female) and that not active in symptoms, and there has been no instance of dysentery or other epidemic or zymotic disease, nor are there at present any cases of serious physical illness under treatment. I saw some 60 patients confined to bed in the wards and on the verandahs, but they were for the most part under such treatment for mental reasons, debility or the feebleness of old age, and in all instances they appeared to be in receipt of tactful and proper nursing care. This hospital is in all respects well administered, as was evidenced by the conditions which I found prevailing throughout the wards, where the patients were in comfortable, and so far as is possible, homely surroundings.

Attention is given to the clothing on both sides, and the variety in pattern and material on the female side was very noticeable.

I had no complaints of any sort as to treatment or diet, and I may say that the meal which I saw to-day was one which gave evident satisfaction. It was well served and seemed to be ample in quantity. The dietary has received careful consideration; it is generous in character and based upon the report of the Departmental Committee.

A very considerable amount of renovation and redecoration has been and is being effected, and a fish fryer is being added to the kitchen

equipment and many minor improvements have been carried out, which add generally to the amenities of the hospital.

The scheme for the alterations and additions to male ward 5 are for the time being in abeyance, but plans are under consideration for giving further accommodation on this side.

The blocks on the women's side, which were in course of construction at the last visit, have been completed and are practically ready for occupation; they include means for treatment by continuous baths. The scientific annexe, containing laboratory, operating theatre, dental room, X-ray and dark rooms, have been furnished and are in full use, and I should mention that in this annexe ultra-violet treatment is administered by the latest type of lamps.

In the laundry, tanks supplied with live steam and other arrangements have been installed for the proper treatment of foul linen, in accordance with the suggestions set out in the Board's Circular.

So much has been done to bring this hospital into line with modern ideas that I cannot but congratulate Dr. Robinson and the Committee on all that has been completed, and would only further note, as to accomplished work, that a special room has been set apart for treatment by induced malaria, now in active operation, and that as to the future it is in contemplation to erect a female admission hospital.

I am glad to hear that arrangements have been made for the appointment of a sister tutor.

There have been 75 admissions since November 16th, 1925. Forty-two patients have been discharged, of whom 23 had recovered, and 54 have been allowed out on trial.

The deaths number 26, but as to one only is it necessary to refer—that of a woman whose death was the subject of an inquest and where the verdict recorded was that it was due to broncho-pneumonia and degeneration of the heart and arteries, accelerated by fracture of the neck of the femur due to an accidental fall by misadventure. The circumstances were duly reported to the Board.

Post mortem examinations were held in 12 cases.

There are on the books 260 male and 338 female patients, in all 598, of whom 347 are private patients, including 19 classed as "Service." The out-county patients number 73.

Five patients are on trial, leaving in residence 259 males and 334 females, whom, with the exception of one who was out, I understand that I have seen.

There are open-door and club wards; 53 men and 19 women have parole beyond the estate, and 32 men and 120 women have a more limited freedom within the grounds.

There are also residing here in the position of voluntary boarders 14 men and 11 women.

Although there are said to be vacancies for 7 men and 3 women, I think, in view of the late remeasurement of the wards, that this matter requires further consideration.

The maintenance rate for home patients is 24*s.* 6*d.* and for private patients from 35*s.* to 84*s.*

There has been no mechanical restraint, and the serious non-fatal casualties, 4 in number, call for no comment.

The staff consists of—charge male nurses 7, charge female nurses 6, ordinary male nurses 28, ordinary female nurses 36, for day, and 4 and 5 respectively for night duty.

Those certificated or registered as mental nurses are 17 males and 10 females, and 7 of the former and 2 of the latter have passed the preliminary examination.

I was very well pleased with my visit to this hospital, where so much has been and is being effected for the well-being of the patients.

Dr. Robinson is assisted by Dr. Navarra, the deputy superintendent, and Dr. Edward Anderson.

Middlesbrough Mental Hospital.

September 28th, 1926.

Since this hospital was last visited by a Commissioner, just eleven months ago, the following changes have taken place amongst patients:—

There have been admitted 104 patients in almost exactly equal proportions as to sex. It is in this connection noteworthy, and a matter for regret, that of these admissions no less than 77 per cent. were received from the Poor Law institution instead of direct from their homes. This practice—not intended under the Lunacy Acts—should be reserved for only definitely urgent cases, and should be all the more unnecessary having regard to the convenient situation of this hospital.

Two patients have been transferred to other care, and 57, again nearly equally distributed as to sex, have been discharged; of these 5 were dealt with under s. 79; none have been dealt with under either s. 25 or 57. The number discharged on recovery was 49, which happens to be the same number allowed out on trial. It is satisfactory to see that the value of the trial system is so well recognized here; but I note that, while one-third of the men so allowed out were granted money allowances, no female case received this advantage. In talking over with Dr. Geddes the difficulties presented by certain patients who urged their discharge, I suggested that some of these might possibly be met were the help of the Mental After-Care Association sought.

The deaths have numbered 17 men and 18 women, the death rate for the year 1925 being 7·3 on the male and 9·0 on the female side. One death was from cellulitis due to the patient accidentally getting a splinter of wood into her foot. Otherwise all the 35 deaths were from natural causes. Inquests were held in the case just mentioned and in one in which death occurred six months after—but was considered not associated with—fracture of the thigh accidentally sustained. This and another similar injury are the only casualties of at all a serious nature that have occurred. The cause of death was verified by post mortem examination in only two cases; this failure to obtain these examinations, which, besides their scientific interest, have a highly protective influence, is somewhat disquieting, and I hope that energetic endeavour will be made to secure at least an average proportion.

These foregoing changes leave on the books the names of 244 male and 227 female patients, of whom two and one respectively are absent on trial. The total number actually in residence is therefore 468, to each of whom I have endeavoured to speak and all of whom I believe I have seen. There is thus overcrowding to the extent of 30 patients on the male and 8 on the female side. Additional accommodation will be ultimately inevitable. Plans take time to mature, and usually several years are required to bring new buildings into operation; and if they were provided to meet a number of years' future requirements the Committee could reasonably count on making considerable legitimate profit by receiving out-county cases. I suggest that they would be wise to take the matter in hand at an early date, even if they proceeded in the first instance with an instalment of a well-considered scheme, which should comprize an admission hospital and a pair of small convalescent homes. There is a manifest desire here to do good medical work and to progress on modern lines, which deserves encouragement; note, for example, the excellent arrangements which, at a very small cost, have been made for surgical work and for electrical and "light" treatment. But the arrangements for the separate and adequate treatment of recent presumably recoverable cases have become out of date; and I believe that if the Committee can

see their way to adopt the above suggestion they will be proceeding on the lines of true economy and will provide their hospital with facilities of which they may be justly proud.

Another line of advance, and one that might possibly reduce the amount of accommodation that will otherwise be necessary is the provision of out-patient treatment for early mental illness. While the skilled services of the Mental Hospital medical staff should be available, the actual treatment should be arranged at a General Hospital. An extended reference to this important matter will be found at pages 50-56 in our Board's Annual Report just published.

I had extended talks with a number of the patients. No one had any complaints to make as to treatment, and I was well satisfied with the general conditions under which I found them. I saw a capital dinner served in the wards; it was ample in amount and thoroughly appreciated. The dietary, which I have perused, seems satisfactory; there seems to be, and to have been, a good supply of green vegetables, and fresh fruit, I am told, is frequently issued throughout the year. Some butter is made, but milk used in the dietary is all " whole " and unskimmed. It would be appreciated, I am sure, if a small allowance (say 2 oz.) of cold milk could be poured over the porridge on the patients' plates instead of being mixed with it in the kitchen. Visiting the latter I noticed that the w.c. is without a lavatory basin for washing hands.

There were 19 male and 15 female patients in bed—that is 7 per cent. of the patients in residence. Cases of tuberculosis, so far as known, number 5 on the male and 3 on the female side; two of the former and all of the latter were in bed, all but one of these five being on the verandahs. These and one case of enteric fever are the only instances of infectious disorder that have occurred.

The cinema operating box and re-winding room are approaching completion.

The attendances at the entertainments and at the church services are very good. I was glad to learn how much attention is given to making the latter bright and attractive and that an efficient choir is maintained.

Newcastle-upon-Tyne City Mental Hospital.

June 18th, 1926.

We have to-day completed our annual inspection of this hospital, which we began yesterday morning.

Since the last visit of our colleagues in March, 1925, 201 patients have been admitted, 12 have been transferred to other care, 71 have been discharged, of whom 51 had recovered, and 3 were dealt with under s. 79 of the Lunacy Act of 1890, and 84 have died. These changes leave on the statutory books the names of 937 patients, of whom it will be noticed 513 are males and 424 are females, the males outnumbering the females by 89—a somewhat unusual state of things in a large mental hospital. Sixty-five patients were allowed out on trial to test their fitness for discharge, but we notice that only 8 patients were granted money allowances. There are 71 private patients in the hospital, 52 of these being " Service " and 2 " ex-Service " patients. The out-county patients number 36, the bulk of these (6 men and 23 women) being contract patients from South Shields. At the time of our visit 3 patients were out on trial, so that the number of patients actually in residence yesterday and to-day is 934, all of whom we believe we have seen and have given an opportunity of talking to us.

Parole is given to 12 men and 5 women beyond the estate and to 53 men within the limits of the hospital grounds.

The total accommodation in this hospital, as estimated in a return to the Commissioners made in January of this year, is for 586 males and 470

females, a total of 1,056. Upon this calculation there are vacancies at present for 73 males and for 46 females, total 119.

The weekly maintenance charge per head for home patients is 22*s*. 2*d*. and for private patients 29*s*. 2*d*., the average weekly maintenance cost for the year as last ascertained being 21*s*. $7\frac{5}{8}d$.

We found the hospital well maintained and clean and well ventilated throughout. A considerable amount of redecoration was in progress at the time of our visit.

The wards, dormitories and side rooms were clean and well kept and ventilated, and there was a good supply of plants and flowers in the day rooms. We were glad to find that letter boxes have been placed in every ward; but, in spite of the fact that notices are posted stating that the letter boxes are cleared every day, they are in fact cleared only once a week. This seems to us very misleading, and may result in an important letter being unduly delayed, possibly for a week. With the exception of the club wards on the male side and the farm ward on the female side, we thought that the supply of books and periodicals for the use of patients was very scanty, and we noticed in several wards that the books were kept locked up. We should like to see a plentiful supply of books in all wards available for the use of patients, and obtainable by them at all reasonable times without it being necessary to apply to the nurses on duty.

We found the patients clean, nicely clothed and generally very contented. Many of them took the opportunity of speaking to us, and we received no sort of complaint from any of them except on the ground of detention. We made enquiry into a number of cases and satisfied ourselves that the patients in question are not yet fit for discharge.

Yesterday was visiting day, and we saw a large number of friends seeing patients in the wards. We took the opportunity of talking to many of the friends, and it was very satisfactory to hear how well pleased the visitors were at the conditions, surroundings and treatment accorded to the patients. On the female side yesterday there were 163 adult visitors to see 119 patients.

We were glad to hear that many of the female patients (12 per cent.) are allowed to wear articles of their own clothing, consisting generally of shoes, stockings, underclothing and nightdresses. On the male side we noticed that no nightshirts are provided by the hospital, and we hope that the Committee will see their way to supply this want before long.

In passing through the kitchen we noticed that there is no basin accommodation close to the w.c. provided for patients working in the kitchen. This is a matter to which we attach considerable importance, and hope that it may receive careful consideration.

We were very pleased at the accommodation provided for the female patients at the farm ward and the male patients at the north villa. The south villa, however, is unoccupied, and it struck us that this was a pity and that it might with great advantage and comfort to them be occupied by some of the more reliable male patients from the club wards in the male building. There may, of course, be reasons against this course of which we are not aware, but we feel sure that the medical superintendent will give the matter his consideration.

The viewing room at the mortuary is still, in our view, capable of a good deal of improvement. We are sure that with very little cost, by adding a couple of flower vases and perhaps a small cross on the table and a curtain behind it, the place could be given a more reverent appearance and be made a less dreary place in which to take a last leave of a deceased friend or relation.

Much attention is evidently given to the dietary, which from a perusal of the scale and other enquiries that we made seems to us to be on satisfactory lines and, including the breakfasts and teas, to be well and judiciously varied. The two course dinner yesterday evidently gave satisfaction and was nicely served. There are two dining halls, used

respectively by about 260 men and 230 women, the other patients taking their meals in the wards. Supper is given to patients able and desirous of sitting up till 9 p.m. in the club wards.

There have been only two casualties of a serious nature, both cases of fracture of the leg, and both made good recoveries. It is remarkable and of credit to the staff that not a single fatality associated with injury has occurred here for close upon three years and a half.

Among the 56 male and 28 female deaths in the period under review, one, in a patient with an enlarged thyroid gland, was due to asphyxia in an epileptic fit, and was the subject of an inquest. Otherwise these 84 deaths were all from natural causes, verified in 60 per cent. by post mortem examination, in a much smaller proportion, however, among the female deaths. It is noticeable that no less than 42 per cent. of the male deaths were due to general paralysis, which prompts us to express the hope that a trial will be made here of induced malaria as a treatment of this disease, and perhaps of other conditions associated with the same cause.

The death rate during 1925 was 8·4 per cent., being slightly higher on the male than on the female side. There have been 11 cases of diarrhœa, all but three being males, most of them severe, and one of the female cases was recorded as dysentery.

Patients in bed numbered 48 on the male and 36 on the female side, that is 9 per cent. of the total in residence, and we are satisfied that they are being carefully nursed. We should have liked to have seen more of those recent admissions who were in bed receiving this treatment on the verandahs. We thought that an increase in the number of bed tables would be appreciated, and that the provision of hospital trolleys for dressings would be a better way of keeping them than in the medicine cupboards; the latter are otherwise excellent.

Amongst the improvements completed during the period under review are a verandah in No. 3 female airing court, the adaptation of the farm ward to accommodate 40 female patients and a new cinema operating room.

The nursing staff consists of 11 male and 10 female nurses holding charge rank, 55 male and 49 female nurses for day and 11 of each sex for night duty. Forty-one male and 7 female nurses are certificated or registered as mental nurses, 14 of the former and 16 of the latter having passed the preliminary examination.

Though in many ways, as is apparent from what we have said, we have been well satisfied with what we have seen here, we cannot help feeling that there are still a number of medical facilities still lacking at this hospital, the absence of some of which is particularly to be regretted in a mental hospital contiguous to an important medical school. We would, for instance, mention—

(1) The absence of systematic and routine laboratory work and the services of a properly trained laboratory assistant—work which could with advantage be linked if possible with the University.

(2) The need of a clinical room in each ward, not a difficult matter to provide while there are so many vacancies.

(3) The need for convenient means for giving continuous baths and other forms of hydrotherapy.

(4) The absence of an operating room, X-ray installation and a dentist's room.

All these facilities are, happily, finding their way into mental hospitals, and we hope the Committee will give them their sympathetic consideration. Their provision is, however, useless without numerical strength to utilize them, and in this connection we cannot but feel that two assistant medical officers is insufficient for nearly 1,000 patients and about 150 new admissions yearly. We strongly urge, too, the appointment of a visiting dentist and a visiting surgeon. One other matter upon which we would invite consideration is the provision of out-patient treatment for mental cases; we believe that many years ago effort was made to give this at the Royal

Victoria Hospital, and if, by the use of the expert knowledge of Dr. MacPhail and his colleagues, this could be brought into operation again, many cases could be successfully treated in an early stage and the cost of prolonged institutional treatment could thereby often be avoided.

Newport Borough Mental Hospital.

July 21st, 1926.

The general health of the hospital is and has been very good; there has been no instance of epidemic or zymotic disease since the last visit in September, 1925, and there are to-day no cases of dysentery or tuberculosis —a very satisfactory condition. Amongst the 25—males 19, females 6—whom I found in bed, with the exception of some cases of general paralysis, none were acutely ill, and they all appeared to be receiving proper nursing care.

There have been 17 deaths from natural causes, 4 from general paralysis, a like number from heart disease and 1 each from epilepsy and tuberculosis. No inquest has been held. The mortality rate, calculated on the daily average number of patients resident during the year up to December 31st, was the low one of 6 per cent., males 7 per cent., females 6 per cent.

I understand that I have seen the 178 male and 189 female patients who are on the books and in residence, a total of 367, and I am well satisfied that, in this comparatively small mental home, they are well and kindly treated, and from no one did I hear anything in the nature of a complaint as to treatment or surroundings. One patient criticised the diet, but she was very deluded, and her criticism was immediately contradicted by another patient who had heard her statement. Not a few, indeed, expressed themselves as being well satisfied. The dinner to-day was a good one and was evidently a pleasing one—boiled ham with vegetables and bread. I gather that puddings are given only upon two days in the week, but there is always something extra at breakfast and tea, and it must also be noted that all patients are supplied with butter and whole milk.

The wards were in capital order, with a plentiful supply of books, flowers and plants, and altogether I thought the surroundings as homely and comfortable as is compatible with institutional care.

There are 6 idiot boys whose presence has been remarked upon before, and whom it is a pity that accommodation cannot be provided for elsewhere.

The only serious non-fatal casualty occurred in the case of a deformed idiot lad with very thin and fragile bones, who sustained a fracture of the left tibia whilst being lifted from his bath to his bed, and which Dr. Nelis was satisfied was due to the diseased condition of the bone.

Two new cottages for members of the staff are in course of erection, and I was glad to know that a cinema had been installed, and I have little doubt it will prove as popular a form of entertainment here as in other hospitals.

Hand towels are now provided for all the patients, and sleeping suits (pyjamas) have been provided for 3 wards on the male side, but I am told that, as yet, the patients have not taken kindly to them.

Since September 11th, 1925, there have been 100 admissions and 33 discharges, of whom 23 had recovered. Ten patients have been dealt with under s. 79 of the Act, but only one has been granted trial under s. 55.

Ten men have extended parole and 15 a more limited freedom within the estate.

Those classed as private number 30 and there are 14 "Service" patients.

There are 29 out-county patients from West Ham Mental Hospital, 33 from Swansea, and one who is chargeable to a union in Kent.

There appears to be an excess of 3 patients on the women's side but to be room for 8 more patients in the male wards. I thought some of the women's dormitories looked crowded, and I saw a small number of beds situated outside the dormitories, though there is a ward on each side unoccupied, except possibly for night use in the single rooms. This should, I think, be considered.

The weekly maintenance charge is for home patients 25*s*. 8*d*. and for private from 28*s*. to 63*s*.

There has been no seclusion or mechanical restraint.

The staff consists of—

Charge male nurses -	6	Charge female nurses -	5
Ordinary - - -	17	Ordinary - - -	23

for day and 4 and 4 respectively for night duty.

Twelve male and 4 female nurses are certificated or registered as mental nurses and 5 male and 6 female nurses have passed the preliminary examination.

In the absence of Dr. Nelis I was assisted during my inspection by Dr. Mackay, who had a good knowledge of all the cases.

Norwich City Mental Hospital.

March 15th, 1926.

On our visit to this institution to-day we found many parts of it newly decorated and some wards in process of redecoration. It is very evident that strenuous efforts are being made to overtake the arrears in this direction caused by financial and other reasons. Apart from some unavoidable disorganisation of arrangements caused by the presence of workmen and decorators in the building, we found the institution generally in good condition. The dormitories, day rooms and corridors presented a homely, comfortable appearance, and were well supplied with flowers and plants, the bookshelves were well furnished with books, and there were adequate facilities for games and amusements. One of us who visited the institution in 1921 was impressed by the great improvement that has taken place in the meantime in the accommodation provided for nurses, a change that has been rendered possible by the erection of a house for the medical superintendent and the adaptation of his old quarters to the needs of the nursing staff.

Since the last visit by a member of our Board in April, 1925, 113 patients have been admitted, 48 have been discharged, 9 have been transferred to other care, and 26 have died. These changes leave on the statutory books the names of 500 patients, 199 of these being of the male and 301 of the female sex. Thirty-one of this total are private patients, including 29 in the " Service " class, and 56 are out-county cases, for the most part from King's Lynn and Gt. Yarmouth. To-day 3 patients are out on trial and 3 are boarded out under s. 57 of the Lunacy Act, reducing the number actually in residence to 494. Of this number 12 are usually allowed parole beyond the estate and 14 within but not beyond it. In the matter of freedom, however, we were glad to see that in at least two wards doors were kept open to allow free egress from the wards to the gardens.

The maintenance rate for home patients is 27*s*. 5*d*. per head per week and for private patients 31*s*. 2*d*. to 35*s*.

As regards accommodation the position is somewhat serious, seeing that according to estimated space there are at the moment only 5 beds available on the male side and overcrowding to the extent of 44 on the female side. We find, however, that this state of affairs is fully appreciated by the Committee, the Chairman of which we had the pleasure of meeting to-day, and with whom we were able to discuss the position generally.

We found the patients in good health as a whole, quiet and orderly in behaviour, very contented, nicely clothed and with every appearance of being well and kindly treated. There was very little sickness, practically all patients in bed being there for mental reasons, chronic debility, or for trivial ailments; they were receiving all proper care and attention. There were 4 cases of tuberculosis undergoing open-air treatment, two of each sex, otherwise there was nothing in the nature of infectious disease.

All the 26 deaths that have occurred during the period under review have been due to natural causes, and call for no comment. There have been 4 casualties, in all cases fractures of bone accidentally sustained.

A dinner was provided to-day consisting of meat pie, with potatoes and haricot beans. It was nicely served and appeared to be thoroughly appreciated. The robust appearance of patients and the records of their weights as a whole appear to justify the conclusion that the dietary scale is adequate.

The ward staff now consists of 31 male and 39 female nurses for day duty and 3 and 4 respectively for night duty. Of the total of 77, 26 are certified or registered as mental nurses, and 15 have passed the preliminary examination for qualification. We thought the staff generally capable, efficient and on good terms with the patients, and we were especially pleased with the well trained appearance and alertness of the staff on the female side.

We appreciate to the full the difficulties of proper classification in an institution of this character but are satisfied that Dr. Rice is making the best of his somewhat limited constructional facilities. He has as his assistant medical officer Dr. C. R. F. Hall, who unfortunately was absent from duty to-day owing to indisposition.

Nottingham City Mental Hospital.

March 22nd, 1926.

Since the last visit of a member of our Board on October 12th last, 97 patients have been admitted, 48 have been discharged, 3 have been transferred to other care and 31 have died. Of the 48 persons discharged a very large proportion, actually 44 in number, were released on recovery, and 3 were dealt with under s. 79 of the Lunacy Act, 1890. Fitness for discharge has been tested by leave on trial in 38 cases. These changes have left on the books the names of 891 patients, 419 of whom are of the male and 472 of the female sex; one man and 5 women, however, were out on trial and 4 men were on week-end leave, thus reducing the number in residence at the time of our visit to 881. Of the total number on the books 77 are in the private class, including 48 "Service" and "ex-Service" patients and there are 2 out-county cases. Of the patients in residence 13 are usually allowed on parole beyond the estate and 60 within it.

The total accommodation in this mental hospital is estimated in the return made to our Board in January of the present year as sufficient for 399 males and 400 females, total 799. There is therefore overcrowding to the extent of 15 on the male and 67 on the female side of the hospital, a condition that does not surprise us in view of the crowded condition in which we found some of the dormitories. It is also worthy of note that 71 female patients are now boarded out under reception contracts in other mental hospitals. We are glad to hear that the position is clearly realized and that efforts are being made to relieve the situation by the erection of a nurses' home, which is now well on towards completion, and by the provision of an admission hospital, the plans for which are now under consideration.

We were pleased to find that 5 wards and a villa on the male side and 6 wards on the female side are administered on the open-door principle.

The weekly maintenance charge per head is 24*s*. 6*d*. for home patients and 28*s*. for private patients, the average weekly maintenance cost as last ascertained being 22*s*. 11¼*d*. per head per week.

To the best of our belief we saw all the patients in residence during our tour of the wards and the working and administrative departments. We found them neat and tidy in their appearance and dress and in the main contented and free from complaint. They were generally healthy in appearance and there was practically no acute sickness. Of the cases in bed one patient was suffering from pleurisy, the rest being either under care for mental reasons or cases of chronic disease. Sixteen persons were notified as tuberculous, but many of these were not in active form. Although 3 cases of dysentery occurred during November and January last none are under treatmbent at the present time. All the deaths that have occurred since the last visit have been due to natural causes, by far the largest number being due to general paralysis. In regard to the treatment of this last named disease we are glad to be able to report that the medical staff here is making a determined attempt to test thoroughly the value of induced malaria. Eleven patients at the present time are undergoing this treatment. We understand that in order to avoid the risk of accidental infection it is proposed to discontinue the practice after April 1st until next winter. In view of the possible advantages to be gained from the continuance of this treatment, we are inclined to regret this decision, especially as it is a comparatively simple matter so to protect a small ward by defensive gauze as would enable treatment to be carried on throughout the summer. Many hospitals throughout the country have made this provision with satisfactory results and at very small cost.

We examined the dietary and found it on the whole good, well balanced and varied, but we wish to endorse our colleagues' suggestion with regard to the desirability of supplying a second course at dinner rather more frequently. In this connection we think that the installation of a Hobart machine in the kitchen would not only enable this to be done with a minimum of increased labour but would also generally assist in the economical preparation of food.

We found the buildings generally maintained in good structural repair and redecoration proceeding as opportunity permits. We note that 7 letter boxes have been fixed in various parts of the hospital, but we cannot but feel that these would be better placed in the wards themselves rather than in the corridors. The wards and dormitories presented a well-kept and attractive appearance, and were well supplied with plants and flowers and decorated with pictures and objects of interest. The bookshelves, however, did not appear to be well stocked with books, and although we were told that patients can get books from the lending library we do not regard this as so satisfactory as having plenty of books in the wards themselves. We should also like to see the billiard cues kept in racks in the wards and not as they were to-day in the attendants' rooms. It is with pleasure that we hear that arrangements are being made to connect 14 loud speakers placed in different wards throughout the institution connected with a central wireless receiving set. A new system of fire alarms has been installed, and provision is being made to secure an adequate supply of water at all times for all parts of the institution for protection from fire.

The ward staff now consists of 59 male and 67 female nurses for day and 7 of the former and 10 of the latter for night duty, making a total of 143 officers. It is very satisfactory to be able to record that 59 of these have passed the examination of the Medical Psychological Association and that 34 have passed the preliminary for this qualification. In addition 6 other male nurses are registered as mental nurses. The matron, assistant matron, second assistant matron and the night sister are all doubly trained, and two charge nurses are now away on leave for general hospital training.

Dr. G. L. Brunton has the assistance of Dr. T. W. Smith, who is at present away on sick leave, and Dr. A. M. Edwards as his permanent medical officers, with Dr. C. N. Latham acting as *locum tenens* during Dr. Smith's absence. The hospital has also the advantage of adequate consulting aid, a physician, surgeon, laryngologist, oculist and gynaecologist having been appointed; a dental surgeon also visits once, and sometimes twice, a week.

We congratulate the Committee upon their realization of the importance of obtaining in the interests of patients the best expert advice in all branches of medicine and generally on their determination to keep this hospital thoroughly abreast of the times.

Plymouth Mental Hospital.

June 14th, 1926.

The question of the necessity of additional accommodation for this hospital was so fully discussed in the last report from members of the Board that I need only say the matter is now receiving earnest consideration.

It is, I understand, in contemplation eventually to carry out as far as possible the scheme which has been outlined by my colleagues, and in the near future to make provision (in the first instance) for taking in cases now boarded out and doing away with existing overcrowding. Plans will, I doubt not, be prepared and laid before the Board in due course.

Since the last visit there has been a new hot water installation for the purposes of the wards, a verandah similar to that in female E ward has just been constructed and brought into use in connection with male E, a new larder has been erected in place of the old one which was too cramped, electric irons have been introduced into the laundry, the recreation hall is in course of being decorated, some general renovation has been effected in the wards, and no doubt other parts of the building which require attention in this respect will be dealt with ere long.

The patients in residence have, I understand, been seen by me in the course of my visit, and they are evidently in receipt of tactful and careful supervision.

There were no complaints of any kind as to treatment or diet, and the latter appeared to me on the whole to be good and varied, though I thought the number of days on which some extra is given at tea might be increased.

The wards and bedding were in capital order and well kept, and the grounds generally speaking were very attractive.

Since May 15th, 1925, there have been 125 admissions, and as a result of changes which have taken place amongst the patients, including 57 discharges (36 on recovery), there are on the books 495 patients, males 214, females 281. Two women are on trial, leaving in actual residence 493.

Trial has been given to 47 patients but to 3 only have money allowances been granted, and I trust this important help to patients at a critical period is not lost sight of by the Committee and that it is granted in every suitable necessitous case.

There are 83 private patients, including 33 of the " Service " class, and 146 patients are boarded out. Full parole is granted to 16 patients and a more limited freedom within the estate to 8 men. If it be at all possible, I should like to see an open-door ward on each side.

There is overcrowding, according to the returns, on the male side of 18, but there are vacancies for 22 women. It must be kept in mind, however, that these figures are only brought about by an increase in the number of boarded-out patients, and that whereas at the date of the last visit there were 110 patients in that position there are to-day no less than 146.

The maintenance rate for home patients is 22*s*. 2*d*. and for private patients from 30*s*. to 45*s*.

There has been no mechanical restraint.

The deaths during the period under review number 39—males 22, females 17, all from natural causes except in one instance, a male patient who committed suicide whilst on trial, the circumstances of which have been duly reported to the Board.

Of the deaths 14 were due to general paralysis, 2 to tuberculosis and 3 to senile decay.

Those in bed to-day numbered 63, males 36, females 27, and in almost all instances they were so confined for mental reasons.

There have been 33 cases of influenza amongst the patients and 12 amongst the staff.

There is at present no case of dysentery, though there have been 6 cases during the period under review (but none fatal), and there is but one case of active tuberculosis.

There have been no serious non-fatal casualties.

The staff consists of: charge male nurses, 6; charge female nurses, 7; ordinary male nurses, 23; ordinary female nurses, 27; for day, and 6 and 7 respectively for night duty.

The number of nurses certificated or registered as mental nurses is—male 17, female 16, and 5 male and 9 female nurses have passed the preliminary examination.

I was very well pleased with my visit, and in the absence of Dr. Starkey on leave I received all possible help and assistance from Dr. Wilkinson.

Portsmouth Mental Hospital.

February 6th, 1926.

We can unhesitatingly say that the conditions which we found prevailing generally in this hospital meet with our approval. The wards were warm and comfortable, and with the exception of the corridor in F.3 and the corresponding corridor on the female side, which are both used by the patients for sitting purposes, there is a good supply of pictures and other amenities. This is a small matter that can easily be remedied and at small expense.

With the exception of 4 male patients who were out for the afternoon, we saw, as we understand, all who were in residence. They are evidently well supervised, and where nursing is necessary are in receipt of every attention and care. Indeed, they appeared to be as contented as institutional life can make them, and but few appealed to us to be discharged; any who did were quite unfit to lead a life apart from hospital surroundings.

The statement that during the past twelve months there has been a total immunity from any accidents—serious in character—points to the fact that the patients are carefully watched by the nursing staff and that there has been but little turbulence amongst the inmates; this is some evidence, too, of contentment and good administration. We are satisfied that considerable attention is given to what is usually termed occupation therapy, and that a real spirit has been instilled into the staff to do all that is possible, not only in the way of getting patients to do routine work, but to induce all that are able to occupy themselves and to take an interest in what they are doing.

In the laundry some structural alterations have been affected and a Wardle drying chamber has been fitted up; an excellent new floor has been laid in the recreation hall, and a Hobart mixer has been added to the kitchen equipment.

There is considerable overcrowding upon the women's side, but this will in the near future be very considerably reduced, if not entirely removed, when the new chronic villa for women, the plans for which are now before our Board, becomes an accomplished fact.

We hope it is realised that the erection of this villa is but a step in the direction of affording facilities for a classification of the patients in accordance with the most approved methods. Dr. Devine, it is true, does the best that can be done under existing conditions, but without an admission hospital it is not possible to give the newly admitted patients the care and treatment which he would desire. The Committee will no doubt give this important matter due and wise consideration.

Since February 13th, 1925, there have been 140 admissions and 69 patients have been discharged, the recoveries being 57.

Patients allowed out on trial number 48, and although money allowances were only granted in 5 cases, we are assured by Dr. Devine that this question is always carefully considered, and that in all cases where it is deemed desirable and necessary in order to make the trial an effectual one, due assistance is given.

The number on the statutory books is 839, males 326, females 513, of whom 178 are private patients. Those classed as " Service " patients are in number 39.

There are but two out-county patients.

Five patients are on trial, leaving in residence 834, males 325, females 509.

Nine patients have parole beyond the estate, men 6, women 3, and 46 men and 71 women have freedom to walk about within the estate. As well as the villas there are three open-door and club wards.

The maintenance rate for home patients is 24*s.* 6*d.* and for private patients from 31*s.* 6*d.* to £6 6*s.* There has been no mechanical restraint and but one patient has been secluded and that for only $\frac{1}{4}$ hour.

The staff consists of: charge male nurses, 8; charge female nurses, 12; ordinary male nurses 48; ordinary female nurses, 66, for day, and 9 and 13 respectively for night duty. Thirty-nine male and 25 female nurses are certificated or registered as mental nurses, and 7 of the former and 12 of the latter have passed the preliminary examination.

The death rate during 1925 was satisfactorily small—6·1 per cent. (for males 6·7 per cent. and for females 5·7 per cent.). This fact, coupled with the low incidence here of tuberculosis, the entire absence (save for a sporadic case of enteric fever) of other infective disorders, and with other evidences we noticed during our visit, suggest that the general health of the patients is good.

As to tuberculosis, so far as is known, there are at present two cases on the male and three on the female side. They are adequately segregated, and only two of them at the moment are requiring bed treatment. This disease accounted for 6 (i.e., 11 per cent.) of the 25 male and 30 female deaths which have occurred during the period under review.

Among these 55 deaths—all from natural causes and followed in 55 per cent. of them by post mortem examination—was the case of a general paralytic in whose skull, which was unusually thin, a minute, scarcely discernible fracture was discovered at the autopsy; it had produced no symptoms during life, and at the inquest a verdict of death from general paralysis was returned.

We saw 36 men and 95 women in bed, i.e., 15·7 of the patients in residence; many of them were there for the better treatment of phases of acute mental symptoms or as recent admissions.

We noticed several cases, and there were probably others, for whom X-ray facilities would indubitably be of benefit, and who could only with great difficulty, if at all, be sent for examination and treatment elsewhere. We hope it will be found practicable to make this provision in the near future.

We were glad to learn that means for giving " continuous baths " are just about to be installed in a ward on each side; we made some suggestions as to the type of these baths.

Though its position is not ideal, we noted with approval a clinical room at each of the admission wards, and hope that it may be found possible to adapt a room for this purpose in every ward. There is a good supply of bed trays, but for those in bed for rest and who are not acutely ill we feel sure that bed tables would be greatly appreciated. In connection with the clinical work, good as we believe it to be, we should like to see the laboratory brought into more active use, perhaps by the appointment of a visiting pathologist and a laboratory assistant. The Commissioners' views as to the value and importance of such an appointment and of other visiting specialists are fully set out in our Board's last Annual Report.

Sunderland Mental Hospital.

October 11th, 1926.

As a result of my inspection of this hospital to-day I am glad to be able to report that I have found it to be very well maintained and administered.

Since the last visit of a member of my Board, which took place early last year, 131 patients have been admitted, 56 being males and 75 females. Three patients have been transferred to other care and 76 have been discharged. Of the latter 64 were discharged as recovered and one woman was dealt with under s. 79 of the Lunacy Act, 1890. Sixty-one patients have died. These changes leave on the books the names of 246 male and 215 female patients, a total of 461. Two men and 7 women were out on trial at the time of my visit, so that the total number of patients actually in residence to-day is 452. Eighty-one patients have been allowed out on trial, money allowances being granted in 13 cases.

There are 41 private patients, of whom 9 are females, 29 are " Service " patients and 2 " ex-Service." There is only one out-county patient. Eight male and 3 female patients are allowed parole beyond the estate and 67 male and 6 females within the boundaries. The villa and one ward on each side of the hospital are worked on the open-door system. The hospital is overcrowded to the extent of 17 on the male and 27 on the female side. In this connection it is interesting to note that the Committee are considering the possibility of the erection of an admission hospital, which would to some extent relieve the overcrowding in the main building, and I much hope that the scheme will come to maturity.

The weekly maintenance charge per head is 23*s*. 4*d*. for home patients and 35*s*. to 42*s*. for private patients, the average weekly maintenance cost for the year as last ascertained being 24*s*. 4*d*.

During my inspection I found that there has been a considerable amount of redecoration and some is still going on. I was sorry to see that the hospital still continues to suffer from the effects of subsidence. In the kitchen, where some 10 or 12 patients were working, I was glad to see that a lavatory basin has been erected outside the patients' w.c. In conversation with Dr. Archdale and the cook, I learnt that much milk powder is used in this hospital; indeed, it would seem that some of the patients do not get any real milk. I have little doubt that Dr. Archdale is using the real milk at his disposal in the best way, but I should like to hear that milk powder was only kept for use in the hospital in cases of real emergency; at present it is used in tea and puddings. There is, I understand, no butter used in the hospital, and the result is that there are patients here who get neither milk nor butter from one year's end to the other. This seems to me a somewhat serious matter and one worthy of the immediate attention of the Committee. I understand that it is proposed to erect some new cow sheds, which possibly may enable an increase to be made in the dairy herd, and I hope that if this does not enable whole milk to be issued to all patients arrangements will be made to supplement the farm supply from outside.

In the hall I saw a somewhat temporary chamber for the cinematograph apparatus, and I heard with satisfaction that a new apparatus is to be installed in a proper fire-proof chamber outside the main wall. A new asbestos-lined iron screen has been placed round the iron-heating stove in the laundry, which seems to serve its purpose well without interfering to any great degree with the work of removing and replacing of the irons. A new washer for the foul laundry has been installed and is working well, and I wondered whether it would not be possible to take a branch off the steam pipe without much expense so that the bins in which the foul clothing is brought to the laundry could be properly and effectually cleansed and sterilized with live steam. Another improvement which was pointed out to me was the conversion of the earth closets in the staff cottages to water closets.

The wards and dormitories were clean, bright, nicely decorated with flowers, plants and pictures, and well ventilated, and I was glad to see that in most of the day rooms the shelves were well stocked with books and magazines.

The patients were tidily dressed and clean and seemed to be very contented, and except on the question of detention I received no complaints of any sort, nor did I see or hear any signs of turbulence. Such patients as were in bed were there chiefly for mental reasons or senility, and there was no sickness which calls for any special mention. The patients in bed appeared to me to be receiving every possible nursing care and attention.

Of the 61 deaths since the last visit 13 were the result of general paralysis, 10 from tuberculosis, 8 from heart disease and 9 from organic brain disease. There has been no dysentery or enteric.

There were 3 inquests held, one on a death which was held to be due to natural causes, one on a death from accidental fall from a window, and one a death from a revolver shot whilst away from the hospital on trial.

It is very encouraging to see what a large use is made of the plan of testing patients' fitness for discharge by allowing them out on trial, and in spite of unfortunate accidents such as the above, my Board hopes that the system will be used freely.

There have been 4 serious but not fatal accidents, 3 being fractures and one severe cuts due to a patient putting his head through a window. No further special mention is necessary in these cases. I should like to hear that the dietary could be further improved and something done to make it less monotonous. I notice that pudding is only given on a Saturday, and that porridge does not seem to be given to the patients as a whole. Also, I should like to see the dietary sheet made out for a longer time than a week if that be possible.

It will, I know, be very satisfactory to my Board to know that it has been found possible here to arrange for a clinical room in each ward and to hear that a successful start has been made by Dr. Archdale in the working of the clinic in connection with the Sunderland Hospital. I feel sure that his efforts, in conjunction with the Royal Infirmary Authorities, will prove to be of great value. I was shown during my inspection the new canteen, which is not only very useful in stimulating patients to do some work for a small payment, but also very popular. The large kitchen gardens, which I was taken round, were extremely nicely kept and well stocked. I was particularly struck during the day at the very friendly terms existing between the medical superintendent and his colleague and the patients.

The present nursing staff consists of 8 male and 9 female nurses holding charge rank, 35 male and 22 females for day duty and 8 of each sex for night duty. Twenty-eight male and 15 female nurses are certificated or registered as mental nurses, 10 of the former and one of the latter sex having passed the preliminary examination. Four female nurses have certificates in general training.

Dr. Archdale has to assist him Dr. Frederick Back.

I was joined in the afternoon by one of my colleagues, which enabled us to discuss some matters which the Committee have in mind for the development of the hospital.

West Ham Mental Hospital.

December 15th, 1926.

Since the last visit to this hospital by members of our Board the Committee have, by the death of Dr. John Shaw, the late medical superintendent, lost the services of one who had at all times taken a kindly and much appreciated interest in the comfort and well-being of his patients. His attention to these matters was a feature of his administration.

He has been succeeded by Dr. Cuthbert, who since 1913 had been the deputy superintendent, and we can, from our observations and the condition in which we found the hospital and those under his care, congratulate the Committee on his appointment.

The matters referred to in the last report have received consideration—a light, with separate cable, has been fixed to all the outside iron staircases for use in emergency; the female gardens are now receiving attention; more ground has been put under cultivation for the production of flowering plants, the effect of which will doubtless be apparent in the wards in the coming season; and the cut and material of the women's dresses have evidently not been lost sight of.

We would, however, again draw attention to the lack of books and bound illustrated papers in the wards. This is really not so small a detail as it may seem to some, and though in some of the more acute and restless wards there may be for a time a considerable waste and destruction, this soon cures itself, and we feel sure the Committee will have no cause for regret if they adopt our suggestion and greatly add to the means of amusement for the patients by increasing, and at but small expense, the number of books and cheaply bound periodicals throughout the wards on both sides.

There is a small club-room on the male side where patients sit up beyond the usual retiring hours, but it has not as yet been possible to make any similar arrangements for the women.

Want of accommodation is, we know, much felt at this hospital. There is on the male side overcrowding to the number of 70 and on the female side of 24, and there are as many as 160 patients—in almost equal numbers as to sex—boarded out.

Plans have been approved for the addition of a male dormitory for 34 patients. This is all to the good, but will in no way suffice, and when the Committee, as they soon must, seriously take the question of accommodation in hand we have no doubt they will make provision for an admission hospital with small convalescent villas in connection with it.

We have made some suggestions to Dr. Cuthbert in regard to the viewing room at the mortuary which, if adopted, will, we think, be much appreciated by the friends of deceased patients.

The recreation hall has been redecorated and a small canteen for patients' use has been opened.

Since July 9th, 1925, there have been 278 admissions, and of the 145 discharges as many as 122 were discharged as recovered. Section 79 of the Lunacy Act has been made use of in 19 instances and trial has been granted to 101 patients. We are glad to see that the mental condition of so many has been so tested, and understand that financial aid is given in all suitable cases. We know, too, that on the male side full and a more limited parole are permitted, and we feel sure Dr. Cuthbert is anxious to give similar privileges to the women, and, when he can see his way, to have an open-door ward on each side.

There are 948 patients on the books, males 455, females 493, and there are 48 classed as "Service." There were 5 patients on trial, and we believe we have seen the 454 men and 489 women in residence—in all 943.

The maintenance rate for home patients is 30*s*. 4*d*. and for private (service) patients 34*s*. 3*d*.

There has been no mechanical restraint.

The staff consists of—

Charge male nurses -	14	Charge female nurses -	8
Ordinary - - -	60	Ordinary - - -	80

for day, and 7 and 8 respectively for night duty.

Those certificated or registered as mental nurses number 61 male and 31 female members of the staff, and 10 and 15 respectively have passed the preliminary examination.

The health of the institution has been and appears to be very good.

The death rate during 1925 was remarkably small—5·6 per cent.—the male and female percentages being respectively 6·4 and 4·8.

There has been a complete freedom from infectious disorders with the exception of tuberculosis, the incidence of which is by no means heavy; thus among the 36 male and 28 female deaths that have occurred in the interval since the last visit, 4 of the former and 2 of the latter were due to this disease, i.e., 9 per cent. of the total, and the number of tuberculosis patients now under treatment, exclusive of a member of the female staff away at a sanatorium, is 13 on the male and 6 on the female side.

All the 64 deaths were from natural causes, verified in 70 per cent. by post mortem examination; efforts are being made to increase this proportion.

There have been two cases of fracture, both the result of simple accidents.

We saw 41 men and 51 women in bed, that is just under 10 per cent. of the total in residence. With the exception of our regret that existing circumstances seem to dictate the use of upstairs units as admission wards, which makes open-air treatment in bed a difficulty, we were thoroughly satisfied with the nursing of these cases, and were favourably impressed with the close study given to these and other cases, with the high standard generally of the medical work and the efforts made to use the laboratory systematically in aid of clinical work.

While there is a good supply of bed-tables in each of the two main sick wards, we thought that the number in the other dormitories in which patients are in bed by day needs increasing. We also hope that no chance will be lost of adapting a room in every ward as a clinical room.

Great attention is evidently paid to the dietary, from a perusal of which, and the capital dinner we saw in the wards, we believe to be good and efficient. There is, however, no fish fryer or Hobart mixer in the kitchen, the utility and value of which, when provided, are always greatly appreciated.

As medical colleagues Dr. Cuthbert has to assist him Dr. G. Somerville (deputy superintendent), Dr. R. M. Macfarlane and Dr. R. Levinson. It is pleasant and somewhat unusual to be able to record that every member of the medical staff holds a diploma in Psychological Medicine except one, who has, however, recently obtained a diploma in Public Health.

York City Mental Hospital.

May 28th, 1926.

We have to-day paid our annual visit of inspection to this hospital and have been very pleased at the condition in which we have found it.

In reference, first of all, to the changes which have taken place since the last visit of a Commissioner on the 12th March, 1925, we find that

56 patients have been admitted, 4 have been transferred to other care, 39 have been discharged (28 upon recovery), 3 have been dealt with under s. 25 and 2 under s. 79 of the Lunacy Act, 1890, and 17 have died. There are now on the statutory books and in residence 164 males and 198 females, a total of 362, all of whom we believe we have seen to-day.

During the period under review 22 patients have been allowed out on trial to test their fitness for discharge, money allowances being granted in 7 cases. There are 34 private patients, 20 being of the male and 14 of the female sex. Of the former 14 are "Service" and one is an "ex-Service" patient. There are 97 out-county patients, most of them being here under a contract with Hartlepool.

It was with great pleasure that we learnt that considerable liberty is allowed to certain patients, 22 being allowed parole beyond the estate, 16 within the estate, and 4 wards, two on each side, being administered on the open-door system; in addition, one ward on each side is used as a club ward, where selected patients may sit up to a later hour than the usual bed-time and amuse themselves with music and billiards, etc., and where supper is provided for workers, and open fires, when necessary, are kept up.

Before going into the wards we went to the kitchen, laundry and sewing room. The kitchen is now well equipped with modern apparatus suitable for an institution of this sort; and, since the last visit, a very useful extension has been built containing 6 new rustless steel-jacketed boiling pans, replacing some old copper pans, and the position of the pans is so arranged as to prevent the steam from getting into the main part of the kitchen. Another valuable addition to the kitchen equipment is a new double-deck draw-plate oven. In the laundry we found all arrangements, including those for the treatment of foul clothing and proper disinfection of the tins in which it is carried, quite satisfactory.

The wards and dormitories were clean, bright and cheerful looking, and the former were extremely well supplied with plants, flowers and articles of interest and decoration. In one of the sanitary annexes we saw a mug full of tooth brushes, and we thought that a rack in which each tooth brush could be kept separate would be a useful addition and would probably be appreciated by the patients—such racks could easily be made in the hospital. We confess that we were a little disappointed at the very sparsely furnished book shelves in most of the wards, and hope that it may be found possible to increase the number of books available for the use of patients. We do not lose sight of the fact that there must be some destruction, particularly in wards set apart for more resistive patients; but even here we think that much may be done by stocking the shelves, if not with books, at any rate with old magazines.

It was very satisfactory to hear that this comparatively small hospital is able to make up among the staff a good band, and we feel sure that the time so spent by the members of the band is time really well spent, and that their efforts to entertain the patients are of very real use and benefit and are much appreciated. Other entertainments are fortnightly cinemas and dances, there being some sort of entertainment each week.

Going into the ward gardens, where we saw most of the patients, we thought that their appearance would be much improved if the grass on the lawns were kept mown and rolled.

We were glad to see that in accordance with the request of our Board a small plate has been fixed on the walls showing the superficial area of each ward and dormitory.

The patients themselves were well clothed, clean and seemed to be for the most part contented and happy, though we had, as is usual, some requests for discharge from patients who are at present unfit to be at large.

The death rate, low during 1924, was still lower, indeed, remarkably so, during 1925, when it was only 3 per cent. (1·2 per cent. on the male and 4·4 per cent. on the female side). Apart from the incidence of tuberculosis,

which, from evidence that appears to be reliable, seems to be small, and two cases of enteric fever, there has been complete freedom from infective disorders. These facts, coupled with the healthy appearance of nearly all the patients, satisfy us that the general health of the institution is very good. The enteric cases occurred in the same ward, and energetic measures, including the prompt tracing of their origin to a carrier, quickly prevented any spread of the disease. Tuberculosis, of which there have been only two deaths (one on each side), is believed to be limited to two positive and two doubtful cases on the male side and to five among the female patients, besides one member of the male staff who is at present on sick leave; all 4 of the male cases and one of the women were in bed.

In all we saw 12 men and 18 women in bed, that is 3 per cent. of the total number in residence. All were being treated in ground floor wards and—including the full use that is being made of the excellent verandah on each side—under best hospital conditions. As an adjunct to treatment, we were interested in having demonstrated to us the use of the apparatus installed here last December for the application of ultra-violet radiation; it includes four carbon arc lamps and a quartz lamp. We suggested, as a valuable aid to treatment and not an expensive matter, the adaptation of the small bathroom at the north end of each of the admission dormitories for the purpose of administering continuous baths. We also discussed how, by a variation in the existing use of certain rooms, a clinical room in each ward might be arranged—the pressing need for which is being felt more and more in mental hospitals.

All meals are now served in the wards instead of in the hall, and is said to be felt all round as a great improvement. We were well pleased with the dinner we saw served, with the way it was served and with the full use that is made of the various modern appliances that have been supplied for the kitchen. We noticed—what we have not seen elsewhere—the use of ham boilers, in this instance being used to cook and produce plum dough puddings of excellent appearance and taste. The diet scale seems good and well varied. Successful effort is made to produce from the farm more milk than is actually required, so that the use of condensed milk is avoided and the surplus from the farm is sold. We were glad to learn that an allowance of cold milk is available for pouring over the porridge on the plates at breakfast, a point which may sound trivial, but which we believe helps to make this wholesome article of diet popular and thereby to prevent waste.

Among the deaths are two associated with fractures of a bone due to falls, the result of a push from a fellow patient, and in each of which an inquest was held; neither calls for further mention. Apart from these cases, the 4 male and 12 female deaths have all been from natural causes, verified by post mortem examination in 62 per cent. of these 16 cases, a proportion we should like to see augmented. Besides the above-mentioned two cases of fractures there have been 6 other cases, each of which has made or is making good recovery. In one of them the patient, on parole, was knocked down by a motor on the public road.

We cannot conclude our entry without recording our great regret at the death of Dr. C. L. Hopkins, who, as superintendent of this hospital since its opening in 1906 until his retirement last November, laboured indefatigably and in the face of failing health for the welfare of his patients. As his successor, the Committee of Visitors appointed Dr. R. A. Hooper, who, with considerable previous experience, had been deputy superintendent here for a year and a half; and to fill the latter post they appointed Dr. E. Doherty. In warmly wishing Dr. Hooper full success in his efforts here, we are satisfied that he possesses a thorough grip of his work, of the requirements of his hospital and of the individual needs of his patients; and we can say that our visit to-day has left a very favourable impression on our minds.

APPENDIX C.

Entries by Commissioners at Registered Hospitals, &c.

Barnwood House, Gloucester.

October 14th, 1926.

The hospital continues to be very well maintained: the verandah which was in course of completion at our last visit is now in use, the gentlemen's corridor, the new building corridor and the bowling alley have been tastefully decorated, and the hospital throughout presents a bright and comfortable appearance.

The ladies and gentlemen under care are receiving all possible attention, and those who are able to appreciate their surroundings and all that is done for them are very contented and happy.

A new fire alarm system has been installed which enables all the out-living staff to be summoned in a few minutes in any case of emergency.

A new dentist's room has been added, so that there is now one on each side, and we are pleased to find that a sister tutor has been appointed.

Since March 17th, 21 patients have been admitted, 3 transferred to other care, 11 discharged, of whom 10 had recovered, and 4 have died from natural causes. There are on the books 57 gentlemen and 80 ladies, all of whom are in residence and have been seen by us. There are also residing here as voluntary boarders 8 gentlemen and 10 ladies, who may remain in that position. Three of those who were here as voluntary boarders have died; one of these, who left without notice, was found on the following day in a coppice near Gloucester. An inquest was held, when the verdict was "Death due to carbolic acid poisoning self-administered while of unsound mind."

There has been no mechanical restraint or seclusion.

One lady and one gentleman show mental improvement.

Those usually attending divine service on Sundays number 112, a like number are present at the associated entertainments and 116 are usefully employed.

Nine gentlemen and a like number of ladies have parole beyond the grounds, 40 patients walk out under care and 67 have drives.

The staff consists of 26 male and 31 female nurses for day and 3 and 8 for night duty. Those certificated in mental nursing number 21 male and 10 female members of the staff.

The average cost of maintenance per head per week last year was £5 2*s*. 1*d*.

Patients received gratuitously form 3·3 per cent., those paying up to 21*s*. a week 2 per cent., from 21*s*. to 42*s*. the percentage is 6·5, those paying above 42*s*. and up to and including the cost of maintenance are 36·2 per cent., and the percentage of those who pay over the cost of maintenance is 52.

Bethel Hospital, Norwich.

October 26th, 1926.

We have spent the afternoon to-day in inspecting this hospital and seeing all the patients now in residence.

Since the last visit of members of our Board, which took place in March last, 3 gentlemen and 9 ladies have been admitted, 3 ladies have been transferred to other care, 3 gentlemen and 2 ladies have been discharged (one lady upon recovery), and 1 gentleman and 2 ladies have died from natural causes. These changes leave on the books the names of 96 patients, 28 gentlemen and 68 ladies; of these, 11 gentlemen and 12 ladies are here upon a voluntary footing. With regard to a lady and gentleman who are

here as voluntary boarders, we think that unless a distinct improvement takes place within a reasonable time they must be removed or certified. We have entered their names in the patients' book. The other voluntary boarders may remain here on that footing.

Six gentlemen and 24 ladies generally attend divine service on Sundays, and 12 gentlemen and 40 ladies attend the associated entertainments.

Parole is granted to 3 gentlemen and 4 ladies, and 6 gentlemen and 14 ladies walk out attended beyond the grounds. Of the few ladies and gentlemen we found in bed, none were seriously ill.

We found the house in good repair and in most excellent order. The day rooms and dormitories were clean and comfortably warm.

The patients appeared to us to be generally very contented, and we are satisfied that they are all in receipt of kindly care and attention and that everything possible is done for their comfort.

We saw all the patients on the books except three ladies who were on leave or staying away and one gentleman who was out for the day.

The nursing staff consists of 7 male and 15 female nurses for day and 1 male and 2 female nurses for night duty. Seven male and 6 female nurses have over 5 years' service and 3 female nurses are certificated in mental nursing.

We gave a private interview to one lady. We satisfied ourselves that the recently admitted cases are properly detained.

Bethlem Royal Hospital, London, S.E.

November 24th, 1926.

We have to-day paid the second visit of the year on behalf of our Board to this hospital, and are glad to report that it continues to carry on its good work in the treatment of patients suffering from mental disorders.

Since March 2nd the following changes have taken place:—

	Males.	Females.	Total.
Patients admitted - - -	27	51	78
Patients transferred to other care	20	20	40
Patients discharged - - -	12	50	62
Patients discharged, of whom recovered - - - -	10	25	35
Patients died - - - -	7	11	18
Boarders admitted - - -	58	79	137
Boarders left - - - -	54	50	104
Of whom certified and admitted as patients - - - -	9	15	24
Boarders died - - - -	1	3	4

There are now on the books the names of 42 gentlemen and 58 ladies as patients, and of 40 gentlemen and 67 ladies as voluntary boarders; 3 and 6 respectively of the former category are away on trial or at Witley, and 4 gentlemen and 8 lady boarders are also away on leave. We have seen all those in residence and found them in receipt of proper care and attention and of skilled nursing where necessary.

The general health of the hospital is good, and of the 22 gentlemen and 50 ladies whom we found in bed nearly all of them were kept there on account of their mental conditions. One lady boarder is suffering from measles, the only case of epidemic or zymotic disease that has occurred.

All the deaths were from natural causes, verified in 8 instances by post mortem examination, with one exception. That was the case of a lady patient who committed suicide whilst on leave of absence.

No patients have been secluded, but one of each sex has been mechanically restrained on forty-five and fourteen occasions respectively to prevent self-injury.

We have paid special attention to the recently admitted patients, and are of opinion that they are rightly detained, though one gentleman has so far recovered that we think he might remain as a voluntary boarder. With exceptions mentioned in the patients' book, we think that the boarders are proper subjects to remain on that footing.

We were interested in the out-patients' department, at which about 100 patients a week are treated, and at which certain lines of treatment suggested by pathological research in the laboratory are carried into effect and the results carefully watched. The results so far obtained in certain directions appear to be promising.

About 20 to 25 cases receive dental treatment in the main hospital every week.

Divine service on Sundays is usually attended by 25 of the gentlemen and 20 of the ladies, whilst 35 gentlemen and 40 ladies are present at the associated entertainments.

Parole outside the grounds is given to one gentleman and 3 ladies.

The patients' rooms are well and tidily kept and present a very comfortable appearance.

The nursing staff consistt of 29 men and 32 women for day duty and of 7 men and 6 women for night duty. Twenty-four male and 11 women nurses are certified in mental nursing.

The average cost of maintenance per head per week last year was £5 1*s.* 7*d.* Fifty-five per cent. of the patients are received gratuitously, 13 per cent. pay up to 21*s.* per week, 10 per cent. pay from 21*s.* to 42*s.* per week, and 22 per cent. pay from 42*s.* to 63*s.* per week. No patient pays more than 63*s.* per week.

Dr. Porter Phillips has the assistance of two assistant medical officers at present, Dr. Mackenzie and Dr. Fox, and two house physicians. Dr. Fox is leaving and a medical officer is being appointed to fill his place.

Our visit coincided with that of the Committee, whom we were glad of the opportunity of meeting. As Dr. Porter Phillips was engaged with them, we were accompanied during our visit by Dr. Mackenzie and Dr. Fox, from whom we received every information about the patients.

Bethlem Convalescent Home, Witley.

May 11th, 1926.

Visiting this morning I only found one lady at home, so I called a second time this afternoon and saw all who are now in residence. There are 7 ladies and one gentleman as patients and 8 ladies and 9 gentleman as boarders.

They all appeared to be enjoying their stay in this country and to think the change is doing them good. They go for walks in the surrounding country and engage in lawn tennis, cricket, golf and other games in the grounds.

One of the gentlemen boarders is only 14 years of age. The rooms are most comfortable, and the whole house is maintained in excellent order. Under Mr. Ball there are a sister and one nurse for the ladies and two male nurses for the gentlemen. The nursing staff is changed every 14 days.

Bootham Park, York.

October 13th, 1926.

Since the last visit of a Commissioner to this hospital, which was paid by one of us in January last, much has been done in the way of redecoration and some important improvements have been made and others are in contemplation. The redecoration has been carried out in what appeared to us to be a very tasteful manner, and has had the effect of brightening the rooms and corridors. We much hope that the work will be extended

at no distant date, and that the same scheme of light colouring will be adopted in other parts of the hospital which may still require attention. In the ladies' No. 6 ward we were shown some new and important improvements, namely, a new bathroom and lavatory arrangements and a new ward kitchen. The work appeared to have been well carried out and to be a valuable addition to that part of the hospital. We were also shown the proposed site of the new addition to ladies No. 5 ward, the plans for which have been passed. During our inspection we were very pleased to see how every advantage is taken here of the facilities for open-air treatment in bed, and, convinced as we are of the value of that treatment, it is most satisfactory to us that the work in the ladies No. 5 ward is designed to include a new verandah. We therefore much hope that the Committee will see their way to proceed with the work without delay.

We included in our inspection the laundry, kitchen and viewing room at the mortuary. The latter has been very simply and very nicely arranged and is most suitable for the purpose for which it is designed. At the end of our inspection we saw a very nice dinner being served to the ladies and gentlemen who dine in the hall; we also saw a dinner being taken to a bed patient, and nothing could have been served in a cleaner or more appetizing manner.

During the period under review 12 patients have been admitted, 2 have been transferred to other care, 8 have been discharged (3 upon recovery) and 5 have died. These changes leave on the books the names of 83 patients (43 gentlemen and 40 ladies), and there are in addition 14 voluntary boarders, 7 of each sex. There have been no accidents. Thirty-one gentlemen and 9 ladies usually attend divine service on Sundays and 32 of the former and 18 of the latter attend the associated entertainments. Six gentlemen and one lady are allowed parole beyond the grounds and 17 gentlemen and 10 ladies enjoy carriage exercise. All the deaths were due to natural causes. All the patients who were to-day in bed were receiving all possible nursing care and attention.

We saw all the patients now on the books and found them generally nicely clothed and contented. We received no complaints, though we had the usual number of queries from patients as to the reasons for their detention here. We are satisfied that all patients here are in receipt of kindly and skilled care and attention.

We find that 3·6 per cent. of the patients are received here gratuitously, 8·4 per cent. pay 21*s.* per week, 19 per cent. pay up to £2 2*s.* and 37·4 pay over £2 2*s.* and up to and including the cost of maintenance, which is £5 2*s.* 8*d.* per head per week, and 31·4 per cent. pay over the cost of maintenance.

The staff consists of 18 male and 22 female nurses for day and 7 male and 8 females for night duty. Two female nurses work on the male side by day. Thirteen male and 7 female nurses have over 5 years' service, and 13 of the former and 10 of the latter sex are certificated in mental nursing.

Our visit happened to coincide with a meeting of the Committee, the Chairman (Mr. J. J. Hunt) and members of which we were glad to have an opportunity of meeting.

It was also a pleasure to us to find Dr. Jeffrey's health so far recovered that he has been able to resume full duty. His solicitude for the welfare of his patients and the advancement of the hospital upon modern lines are everywhere apparent. As residential medical colleagues he has to assist him Dr. L. Minski, D.P.M., and Dr. D. M. Gray; of these the latter has only to-day taken up his duties here, and we have been particularly glad to learn the Committee's decision to reappoint a successor to the second medical officer who recently left. Visiting specialists are called in as required; this is, so far, satisfactory, but we hope that at some time it may be found practicable to make a more permanent arrangement whereby such visits, apart from emergencies, will be at regular intervals.

It would then be possible, probably, to enlarge the scope of the laboratory and to bring it into more active operation.

The Coppice, Nottingham.

November 16th, 1926.

Since the visit of a colleague and myself in March last a lot of decoration has been done and some is in process of being done now. The result is that the day rooms and dormitories are now looking very bright and light and comfortable.

With regard to fire appliances, all the recommendations of the experts who were called in to advise upon this matter have been adopted, and orders for the carrying out of the scheme have been given. The scheme includes the fixing of a new type of hose and hose bracket, an increase in the number of chemical fire extinguishers and an outside staircase from the nurses' quarters.

I found the house in excellent order throughout and the patients very comfortable and contented. From no one did I receive any sort of complaint, and more than one patient spoke to me of the kindness they had received whilst at the Coppice. Only 3 patients were in bed, one gentleman suffering from a fractured thigh, the result of an impulsive act before admission here, and two ladies, one in the last stages of general paralysis and the other suffering from hemiplegia. Since the last visit 10 gentlemen and 3 ladies have been admitted, one lady has been transferred to other care, 4 gentlemen and 6 ladies have been discharged (3 of each sex upon recovery) and one gentleman and one lady have died of natural causes. There are now on the books the names of 44 gentlemen and 41 ladies, and in addition 3 gentlemen voluntary boarders. Four gentlemen and 4 ladies were, however, on leave "on trial" at the time of my visit. I saw all the patients now in residence and paid particular attention to the recently admitted cases, who are in my opinion properly detained. The voluntary boarders may remain upon that footing.

There has been no seclusion or mechanical restraint during the period under review.

Ten gentlemen and 7 ladies usually attend divine service on Sundays, and 14 of each sex attend the associated entertainments. Thirty-six patients (6 gentlemen and 30 ladies) are able to be usefully employed. Seven gentlemen and 2 ladies have parole beyond the grounds and 4 of the former and 8 of the latter sex walk out attended. Twenty-six patients enjoy carriage exercise.

The nursing staff consists of 13 male and 22 women nurses for day and 4 of each sex for night duty. One woman nurse is employed on the male side. Fourteen male and 4 women nurses have over 5 years' service and 15 male and 6 women nurses are cerificated in mental nursing.

Of the patients 5·7 per cent. pay up to and including 21*s.* per week, 2·3 per cent. up to and including £2 2*s.*, 66·6 per cent. up to and including the weekly cost of maintenance (namely £4 2s. 2d.), and 25·3 per cent. above the weekly cost of maintenance.

Dr. Hunter has to assist him Dr. Oliver. I am satisfied that the patients at the Coppice are receiving all possible medical and nursing care and kindly attention.

Morton Hall, Oulton Broad.

October 28th, 1926.

I have to-day visited this house and have had a long talk with the only patient who is now in residence; he tells me that he much better than when he came about 10 days ago, and enjoys the quiet here. Three minimax extinguishers are now placed about the house, but I understand that

there are as yet no hoses or fittings for the hydrants. The last party from the Coppice left here about the 20th of September. The room in which I found the patient to-day had a nice fire burning and felt warm and comfortable.

Coton Hill Hospital, Stafford.

November 10th, 1926.

As a result of the changes which have taken place amongst the patients, 30 admissions, 11 discharges and 10 deaths, since my colleague and I visited in February last, there are now on the books the names of 38 gentlemen and 80 ladies, and all were in residence to-day except one lady, who was away on trial.

There are also residing in the house one gentleman and 6 ladies on the footing of voluntary boarders, and they may all properly remain as such.

I saw all in residence except one gentleman who was out, and satisfied myself that they are receiving all proper care and kindly attention. All appeared to be as contented as the circumstances of their detention permit, and no one made any reasonable complaint as to their treatment.

The newly admitted patients who are still in residence are proper subjects for detention.

I had private interviews with 3 ladies, none of whom are fit to be discharged.

All the deaths were due to natural causes except one in which the cause was due to a suicidal act. The Coroner held an inquest concerning the case and all the facts were duly reported to my Board.

Considerable redecoration of the patients' rooms has been and is being carried out. A new verandah has been erected off the female back infirmary, and two of the gardens have had the paths relaid and tarred.

It is also proposed to erect a verandah on the male side in the same position as that on the female.

The patients' rooms are comfortable and well warmed, and I was generally well pleased with the condition in which I found the hospital and with the spirit of progress which prevails.

Holloway Sanatorium, Virginia Water.

November 12th, 1926.

Since the last visit a lady who was trained at Boston Psychopathic Hospital has been appointed as occupation therapist, but has not yet taken up her duties, and a lady has also been added to the staff who gives classes on three days every week in physical drill, skipping, dancing and games; in both of these departments Dr. Devine hopes to gain much in the occupation and amusement of the patients.

A matron and deputy matron have also been appointed, both of whom are doubly trained, and we are glad to learn two nurses have been seconded for hospital training.

The hospital is throughout in admirable order and the patients are in receipt of all due care and attention in most comfortable and well ordered surroundings, those who are sick being in receipt of proper nursing care.

The sanitary arrangements in 6 and 7 galleries on the gentlemen's side have been greatly improved and some general repairs and redecorations have been effected.

We understand that it is in contemplation to establish a hydro-therapeutic centre, a clinical laboratory and separate operating and dental rooms—most useful adjuncts to such an institution as this.

A wireless installation is being fitted up.

Since July 1st there have been 35 admissions, 15 patients have been discharged, of whom 7 had recovered, and 3 have died from natural causes —in one instance an inquest was held.

There are on the books 129 gentlemen and 201 ladies, 28 of whom are on leave at Canford Cliffs, and one lady is away on trial, leaving in residence 122 gentlemen and 179 ladies, all of whom we have seen except a lady who was out for the day.

The newly admitted cases are rightly detained. Three ladies and a gentleman have improved.

There were also on the books as voluntary boarders 14 gentlemen and 13 ladies—one gentleman and 2 ladies are at Canford Cliffs and 3 gentlemen were out for the day. The others we have seen and consider them to be fit for that position.

There is no record of any mechanical restraint.

The average cost of maintenance per head per week last year was £5 4*s*. 8*d*.

The percentage of patients who are received gratuitously is 1·96, those paying up to 21*s*. a week number 1·12 per cent., those paying from 21*s*. to 42*s*. are 5·88 per cent., from 42*s*. up to and including the cost of maintenance 26·05, and 64·99 per cent. pay over the maintenance rate.

"St. Ann's," Canford Cliffs.

April 12th, 1926.

In the absence of the matron on leave, Miss Lowe, the deputy matron, gave me every assistance.

The house is throughout in capital order, and the ladies and gentlemen who are at present in residence appear to be in receipt of all due attention and care.

There are 7 gentlemen and 23 ladies residing here as patients, the most of them chronic cases, but one lady shows signs of mental improvement. There are also two voluntary boarders, one of each sex.

One gentleman was out walking and 4 ladies were driving and not seen at my visit.

The Lawn, Lincoln.

December 20th, 1926.

Since the last visit of my colleague on March 18th of this year the following changes have occurred among the patients and voluntary boarders:—

	Males.	Females.	Total.
Patients admitted - - -	2	7	9
Transferred to other care - -	1	2	3
Discharged - - - - -	1	5	6
Discharged, of whom recovered -	—	3	3
Boarders admitted - - -	5	10	15
Boarders left - - - -	2	9	11
Boarders, of whom certified and admitted as patient- - -	1	0	1

There are now on the books and actually in residence to-day 14 gentlemen and 43 ladies as patients and 5 gentlemen and 4 ladies as voluntary boarders, i.e., 57 patients and 9 voluntary boarders in all.

I have to-day spoken to each of the ladies and gentlemen resident and have found them all in good or fair general health, according to their ages, well and neatly dressed and generally contented, although two or three ladies, obviously unfit for release from certificates, asked for their discharge. I gave special attention to the new admissions and found all

the patients admitted since last visit rightly detained under certificates, and that all of the voluntary boarders might properly remain on that footing. I visited all of the wards and dormitories and found them all in excellent condition, in good order, comfortable and well warmed.

There have been 3 deaths among the patients and 2 deaths among the voluntary boarder class since last visit, all from natural causes. The general health has been good and there have been no cases of epidemic or zymotic disease since last visit. It is gratifying to note that neither mechanical restraint nor seclusion are ever resorted to in this hospital.

Dr. Shortt, medical superintendent, has the assistance of Dr. Myra Mackenzie, both of whom very kindly accompanied me throughout my visit.

Manchester Royal Hospital, Cheadle.

October 22nd, 1926.

At my visit to this admirably arranged and equipped hospital I found most of the alterations and improvements referred to in the report of the Commissioners at their last visit either completed or on the point of completion. The stores department, commodious, well ventilated and lit and maintained at an even temperature, is in use; the remodelling of the kitchen, after some delay occasioned by the coal strike in obtaining the boilers, will be finished this week; the new baths for the ladies are installed, and the prolonged bath on this side has proved its value. Extensive redecoration has been carried out and is still in process at North House. The safeguards in the cinema apparatus, advised by the Commissioners at their last visit, have been carried out.

I visited all parts of the hospital occupied by patients and found all in excellent order, beautifully furnished and extremely comfortable.

On the side for gentlemen new lavatory and bath accommodation is being commenced and will eventually be the same as that completed for the ladies.

Since the visit of my colleagues six months ago the following changes have occurred:—

	Males.	Females.	Total.
Patients admitted - - -	18	43	61
Transferred to other care - -	1	4	5
Discharged - - - - -	8	22	30
Of whom recovered - -	4	12	16
Died - - - - - -	7	6	13
Boarders admitted - - -	15	9	24
Boarders left - - - -	10	9	19
Boarders certified - - -	3	5	8
Died - - - - - -	3	—	3

There are to-day on the books the names of 90 gentlemen and 177 ladies as patients and 15 gentlemen and 17 ladies as voluntary boarders.

Seven of the gentlemen and 31 lady patients are on leave or trial, as also are 2 lady voluntary boarders.

With the exception of one gentleman voluntary boarder who was out for the day I saw all those in residence and found them receiving proper care, treatment and attention.

All the patients are properly detained and all of the voluntary boarders, with the exception of one gentleman in whose case steps are already being taken, are fit to remain on that footing. With the exception of one gentleman patient who died whilst on leave, all deaths have been from natural causes. The gentleman who died on leave was the subject of an inquest, the verdict being suicide whilst of unsound mind. One other inquest was held on a gentleman who was found to have died from natural causes.

Since the last visit two more cases of diphtheria have occurred among the nurses and there is one case of pulmonary tuberculosis, a gentleman patient, now very ill, but there have been no other cases of epidemic or zymotic disease of any kind. The general health of those in residence to-day is very good, the only cases under nursing being from chronic affections—including the case of pulmonary tuberculosis mentioned above—three cases of slight diarrhœa, and those few cases in bed for mental reasons.

There has been no case of mechanical restraint since the last visit. Seclusion has been necessitated in the cases of 6 gentlemen and one lady, since last visit, for a total duration of 526 hours.

I received no complaints of any kind except the desire of three or four for discharge from certificates, in none of which was discharge advisable, and in several more complaints markedly delusional in character.

The excellent relations subsisting between the medical and other staff and the patients is apparent at once, and the general contentment very satisfactory to note.

In the unavoidable absence of the medical superintendent, Dr. Roy, I was accompanied throughout my visit by Dr. Thomson, who gave me valuable assistance, for which I am much indebted.

Glan-y-don, Colwyn Bay.

June 16th, 1926.

On my visit to-day I found in residence 27 ladies and 8 gentlemen. In addition there was on the books the name of one voluntary boarder, who was away. I saw all patients except 5 (4 gentlemen and 1 lady), who were temporarily absent motoring or walking.

The house was in excellent order throughout, and the patients appeared to be in good health generally, well cared for in all respects and contented.

In order to secure safe exit in case of fire the suggestions for the provision of fire screen to the main staircase have been carried out. These are satisfactory.

The Retreat, York.

October 14th, 1926.

We have to-day visited this hospital and are pleased to report that we have found everything possible being done for the comfort and welfare of the patients. The hospital throughout is in first-rate order and presents a most comfortable and homely appearance; there is, moreover, an atmosphere of friendliness and contentment which is very pleasant to find. With the exception of 2 gentlemen who, as a result of their mental condition, believed that they had serious grievances, no one made any complaint of any sort to us, and we heard, on the other hand, from many of the patients, expressions of great gratitude for all that had been done for them at the Retreat.

We were very pleased to see that classes are held for both ladies and gentlemen (3 days weekly for ladies and 3 days for gentlemen) where they are taught raffia, basket work and other like occupations. Some of the work we saw was extremely good, and reflects great credit on the instructor and on the nursing staff who carry on the work on days when he is not present. To-day 10 ladies were working and apparently enjoying the work under the charge of a nurse.

In visiting the kitchen we were shown the new lift which has been designed for facilitating the service of meals in the hospital. Before leaving the hospital we were taken over the fine nurses' home, which is now in full working order and at the opening ceremony of which we had the pleasure of being present.

Since the last visit paid by one of us in January of this year, 77 ladies and gentlemen have been admitted and 75 have been discharged, transferred to other care or have left, and 11 have died. There are now on the books the names of 208 ladies and gentlemen, but 4 gentlemen and 18 ladies were on leave or trial, bringing down the numbers actually in residence to-day to 186, of whom 68 are gentlemen and 118 are ladies. Included in these numbers are 15 gentlemen and 24 ladies who are here upon a voluntary footing and may so remain, subject to consideration of the cases of one gentleman and two ladies, who, unless their mental state improves within a short time, we are afraid must be either removed or certified.

In all there were some 44 patients in bed, that is, about 23 per cent. of the total in residence. It did not seem to us that any of these would have been better up; and if this proportion is higher than in most hospitals it is largely explained by the fact that rather more than a quarter of those in bed were more or less recent admissions and that some 15 others were there for the better treatment of acute mental phases. It appeared to us that all of those in bed were being treated under the best hospital conditions, and we were pleased to note the high proportion (over 70 per cent.) of those in bed who were receiving this treatment in the open air under excellent verandahs. An addition to these facilities has been made at the female hospital ward by the provision of a roomy shed type of verandah for the treatment of acute phases of excitement; without being at all shut in, it is so placed that such patients do not disturb or distress others. Closely adjoining it and common to the appropriate dormitory, a sanitary annexe and bathroom has been conveniently arranged.

One gentleman, who was here upon a voluntary footing and had been previously admitted on 14 occasions, committed suicide. All the circumstances were fully reported to our Board at the time, and at the inquest which was held the verdict included an expression of satisfaction with the measures which had been taken for the patient's care and treatment. Apart from this case all the deaths, 11 in number, were from natural causes, verified in three instances by post mortem examination.

Fifty-seven ladies and gentlemen attend divine service on Sundays and about a like number the associated entertainments Six gentlemen and 12 ladies are allowed parole beyond, and 9 gentlemen and 19 ladies within the boundaries of the estate. Thirteen gentlemen and 26 ladies walk out attended beyond the grounds and 7 of the former and 10 of the latter enjoy carriage exercise.

The staff consists of 26 male and 48 female nurses by day and 4 and 15 respectively by night. Eight female nurses are employed on the male side, 22 male and 4 female nurses have over five years' service, and 22 male and 19 female nurses are certificated in mental nursing.

Eighteen per cent. of the patients pay £2 2*s*. or under, 20 per cent. from £2 2*s*. up to the maintenance cost, namely £5 2*s*. 7*d*., and 62 per cent. over the cost of maintenance.

We congratulate the Committee of the Retreat, Dr. Yellowlees and his colleagues, upon the excellent conditions in which we found the patients living to-day.

We have on previous occasions alluded to the importance of facilities for the out-patient treatment of mental illness. It is therefore with great satisfaction that we have learnt of an arrangement which we hope will very shortly be brought into operation whereby this treatment will be carried out at the York County Hospital by the medical superintendents, including Dr. Yellowlees, of the hospitals in the vicinity.

St. Andrew's Hospital, Northampton.

December 2nd, 1926.

I have during yesterday afternoon and to-day paid the second visit of the year to this hospital on behalf of my Board, and can report that it

continues to provide excellent accommodation for the care and treatment of the gentlemen and ladies suffering from mental disorders who come into residence here. The admission hospital is approaching completion and I was yesterday able to go over the major portion of it. The constructional part is practically finished, and there remains the fitting up and furnishing of the various wards and departments. It is hoped that it will be ready for the reception of patients in the spring of next year, and as it will be replete with all the most modern forms of treatment there should be no difficulty in filling the 16 beds on either side.

Since my visit with my medical colleague on February 9th last the following changes have taken place among the patients:—

	Males.	Females.	Total.
Patients admitted - - -	16	35	51
Patients transferred to other care	5	5	10
Patients discharged - - -	8	17	25
of whom recovered - - -	7	13	20
Patients died - - - -	8	8	16
Boarders admitted - - -	23	13	36
Boarders left - - - -	14	12	26
of whom certified - - -	1	1	2
Boarders died - - - -	1	1	2

There are now on the books the names of 187 gentlemen and 245 ladies as patients and of 21 gentlemen and 14 ladies as voluntary boarders. Twenty-three of the gentlemen and 2 of the lady patients are on leave or trial. Their names are given in the patients' book.

I have during the course of my visit seen all the ladies and gentlemen in residence, both at the main hospital and its villas, and also at the lodge and houses at Moulton Park. I found them receiving proper care and attention, and except on the subject of their detention in some cases I received no complaints as to their treatment.

The recently admitted cases are properly detained, and with the exception mentioned in the patients' book those on a voluntary footing are proper subjects to be so.

I gave private interviews to one gentleman and one lady. No action is necessary in their cases.

The general health of the hospital is good, and the patients that I found in bed were there for the most part for rest on account of their mental condition or on account of their debility. Since the last visit the extensions to the male hospital have been completed, and the bathroom, with provision of a continuous bath, douche and spray bath brought into use, as well as the verandah, where I found to-day as many beds out there as possible, which were fully occupied.

All the 18 deaths of patients and boarders were from natural causes, verified in three instances by post mortem examination. In these three cases inquests were held by the Coroner, the verdict in each being in accordance with the medical evidence.

One serious casualty has occurred, a lady patient having fallen in the ward and sustained a fracture of the left femur.

There has been no use of mechanical restraint. Seven gentlemen and 5 ladies have been secluded for a total duration of 227 hours.

The patients' quarters are maintained in an excellent state, much redecoration having been recently carried out.

The present nursing staff consists of—

	Males.	Females.	Total.
For day duty - - - -	87	78	165
For night duty - - - -	15	12	27
Certificated in mental nursing -	41	13	54

Dr. Rambaut has the assistance of three permanent medical officers, one of whom is at Bryn-y-Neuadd, and of two temporary medical officers.

Bryn-y-Neuadd, Llanfairfechan.

June 16th, 1926.

On my visit this afternoon I found on the books the names of 52 ladies and 18 gentlemen, all of whom I saw with the exception of 3 ladies and 4 gentlemen who were out for the day. All but 5 ladies were in the gardens enjoying the sunshine and fresh air. So far as their mental state permitted they were contented, appeared to be thoroughly well cared for, and in good health. Two ladies claimed an interview, but in neither case did I find cause for action. The house, as usual, was in excellent order throughout. There was no record of restraint or seclusion.

The Warneford Hospital, Oxford.

September 24th, 1926.

Since this hospital was last visited by a member of the Board of Control the following changes have taken place among the patients in residence:—

Five gentlemen and 11 ladies have been admitted; 1 gentleman and 4 ladies transferred to other care; 2 gentlemen and 3 ladies discharged, 4 of them as recovered. No death has occurred.

Also 4 gentlemen and 7 ladies have been admitted as voluntary boarders; 4 gentlemen and 7 lady voluntary boarders have left and 1 gentleman boarder and 2 lady boarders have been certified and admitted as patients.

These changes leave 37 gentlemen and 49 ladies resident as patients in the hospital to-day and 4 on leave on trial, two of either sex, and also 5 gentlemen and 9 ladies as boarders.

I saw and spoke to every patient and boarder resident and gave private interviews to 2 ladies and 3 gentlemen. In no case did I find cause for action. I found all, with one exception, satisfied as to their care and treatment, and in the exceptional case I found her dissatisfaction rested on delusional grounds.

There has been no case of mechanical restraint since the last visit.

I found the whole hospital and grounds maintained in excellent order, the patients very comfortable, and their best interests admirably served.

The addition to the building on the male side is now completed, providing additional accommodation for 12 patients and on the top floor for 8 male staff.

Wonford House, Exeter.

October 21st, 1926.

Visiting this afternoon I found on the books the names of 48 gentlemen and 83 ladies, but of this number 3 gentlemen and 13 ladies were away at Dawlish, 1 gentleman was on leave with his friends and 1 gentleman had escaped and not yet been recaptured. There were therefore in residence 43 gentlemen and 70 ladies as patients, and in addition 2 gentlemen and 3 ladies are residing in the house as voluntary boarders. Three other voluntary boarders, 2 ladies and 1 gentleman, are staying with the other patients at Dawlish.

I saw all those in residence and found them to be contented, free from complaint as to their treatment, and generally well cared for in all ways. The day was extremely cold, so nearly everyone was in the house, but 3 ladies were going for a motor drive, 3 others were playing tennis and 2 gentlemen were going to an entertainment in Exeter.

A number of old ladies were in bed, but only one patient was seriously ill.

I paid particular attention to the newly admitted patients, all of whom are in my opinion properly detained, and I satisfied myself that the voluntary boarders in residence may properly remain on that footing.

There has been no use of mechanical restraint.

Some 25 gentlemen and 17 ladies usually attend divine service; 28 gentlemen and 30 ladies attend the associated entertainments; and 6 gentlemen and 26 ladies are usefully occupied.

One gentleman shows considerable mental improvement.

Parole within the grounds is allowed to 6 of each sex and 7 gentlemen and 6 ladies are allowed to go beyond the grounds unaccompanied.

The staff consists of 21 male and 26 female nurses for day and of 2 male and 3 female nurses for night duty.

The house was throughout in excellent order, but owing to the shortage of coal some of the galleries were very cold. Dr. Morton told me that the Committee are now considering the installation of a new system of central heating.

The percentage of patients received gratuitously is 2·7; payments up to 21*s.* are made by 6·2 per cent.; from 21*s.* to 42*s.* is paid by 8·9 per cent.; from 42*s.* to 70*s.*, the actual cost of maintenance, is paid by 28·2 per cent., and 53·7 per cent. pay over the maintenance cost.

Plantation House, Dawlish.

October 22nd, 1926.

I found this house in excellent order to-day, and the 13 lady and 3 gentlemen patients, and the 2 lady and the one gentleman boarder, to be very comfortable and well cared for.

The house has been to a large extent redecorated, the garden paths have been relaid and the telephone has been installed. Plans are now before the Committee for reconstructing part of the roof so that three attic rooms can be converted into large, square and more comfortable bedrooms. The suggestions made by my colleagues with regard to the fire screen door on the top floor have been carried out, and a hand pump has been provided to be used by the nursing staff in case of fire.

The staff now consists of a matron, three females and one male nurse, all of whom are on day duty. The voluntary boarders may properly remain as such. Dr. Morton was good enough to meet me at the house and show me round.

Royal Military Hospital, Netley.

December 29th, 1926.

I have to-day paid the annual visit to the mental wards (D block) of the hospital, and found all arrangements for the treatment, care and comfort of the patients highly satisfactory.

The patients resident to-day are one officer and 34 other ranks. The officer and 7 other ranks were in bed at the time of my visit, all for mental reasons, but most of them get up in the afternoon. Of the remaining patients I found one, a convalescent, assisting in the kitchen, a working party of 12, also convalescent, in the grounds, and 14 at play, practising football, in an exercise ground adjoining D block. I spoke to each patient, and with the exception of certain of the bed cases suffering from depressive pyschosis, found them generally in excellent spirits and thoroughly satisfied with their treatment and surroundings. Their general physical state I found very good.

Major W. L. Webster, R.A.M.C., who is now assisted by Capt. Brown, R.A.M.C., kindly accompanied me throughout my visit, and gave me the

following information covering the year 1926:—At the beginning of the year there were 52 patients in all resident in the division, of whom 31 were from overseas and the remainder from stations in the United Kingdom.

During the year 157, of whom 7 were officers, 149 serving soldiers and 1 pensioner, were admitted, making 209 in all under treatment during the year. This number of admissions gives a notable decrease of 53 as compared with those for the previous twelve months. Naturally, remembering the average age of serving soldiers, the majority of admissions were between 20 and 30 years of age; thus, of the whole number, 17 were of under 20 years, 115 were of between 20 and 30 years, 20 were between 30 and 40 and 5 were of more than 40 years. Of the total admissions 81 were from overseas troops and 76 from stations in the United Kingdom. Only one of the admissions under 20 years of age was from overseas troops; on the other hand, 66 of the admissions between 20 and 30 years of age were from overseas troops, as compared with 49 falling within that age-period from home stations. Nevertheless, Major Webster has satisfied himself, after careful inquiry, that in no case has service in the army had more than an indirect bearing on the causation of mental disorder. In nearly every case a history of previous instability has been elicited, and especially in the case of recruits their disease could be rightly included within the category of "psychogenetic insanities." These lads, he said, are often unable to adapt themselves to barrack-room life, rapidly recover under treatment, and, it is to be supposed, would react in the same way to any difficult situation in civil life.

As to the forms of mental disorder among the admissions, dementia præcox (67) naturally heads the list; melancholia, acute (27) and chronic (4), comes next in order of frequency; then neurasthenia (10) and hysteria (6); manic-depressive insanity (11); confusional insanity (8); mania (8); feeblemindedness (6); and mania with epilepsy (2); the remaining cases being spread in single numbers over various other forms of mental disease. An interesting feature of the list is that no case of general paralysis was admitted, though there was one case of cerebral syphilis.

On the whole Major Webster said the type of case appeared somewhat milder than in previous years.

The recovery rate for the year worked out at the satisfactory high figure of about 50 per cent., due in part, no doubt, as previously suggested by my colleagues, to the fact that under arrangements which obtain in the Army, patients are sent for expert treatment immediately mental symptoms are recognized.

In all 175 were discharged from the division during the year under review, 77 of whom as recovered and 51 discharged to their homes on special certificate; only 36 had to be sent to mental hospitals and 7 to unions, whilst 3 were transferred to other hospitals and 1 to duty. No death occurred during the year and there was no serious accident.

Only a very small number of patients required seclusion, and in not any case was mechanical restraint employed during the year, a gratifying result attributed by Major Webster to the training and qualities of his subordinate staff.

Since last report 1 staff sergeant and 1 private have obtained the certificate of proficiency in mental nursing of the Royal Medico-Psychological Association. There have been two classes of instruction in mental nursing for orderlies, and 1 warrant officer, 1 lance-corporal and 13 privates have qualified.

The gardens and grounds are pleasing and afford ample opportunity for out-door games and occupation, of which full advantage has been and is taken; the buildings are well maintained and have been the subject of improvements during the past year, and others are in contemplation, including the improvement of the ventilation of the padded rooms, more accommodation for R.A.M.C. personnel, the supply of bed-side tables for convalescent cases and the provision of an open-air verandah for the

treatment of acute cases. This last-named provision should undoubtedly prove of much value.

Royal Naval Hospital, Great Yarmouth.

March 12th, 1926.

At our annual visit to this institution to-day on behalf of our Board we found on the books the names of 150 patients, 34 of whom were officers and 116 other ratings. Of the former class one was on leave and of the latter 4 men were on probation, so reducing the number actually in residence to 145.

During the course of our inspection we saw all patients in residence, either in day rooms, dormitories or gardens, and found them generally contented, remarkably so when we exclude a few cases where volubility, complaint and excitement were obviously due to mental disorder. All patients presented an appearance of being properly cared for in all respects.

The dietary is an excellent one, and it is evident that all necessary attention is paid to the cooking and service of food.

During 1925 admissions numbered 9, discharges 9, and deaths 12. Of the discharges 5 were released on recovery, 2 were transferred to civilian mental hospitals, one was discharged relieved and one unchanged. All deaths were due to natural causes and no inquests were held.

There was no acute sickness of serious character at the time of our visit, patients in bed being cases of debility, chronic disease associated with mental disorder, or patients undergoing treatment for general paralysis by induced malaria. Sick patients were receiving adequate medical and nursing care and attention.

We were much interested in the arrangements that have been perfected for the treatment here of general paralysis by induced malaria. A ward, adequately protected by double door entrance screens of copper gauze and window coverings, has been set apart for this special work. A small laboratory has also been installed to permit of a record being kept of pathological and biological changes during the course of treatment. We spent some time over a close enquiry into this branch of work, and satisfied ourselves that it is being carried out with all the precautions and scientific adjuncts to success. Five patients were undergoing this treatment at the time of our visit, and a further batch of cases were waiting to succeed them later. The energy and keenness of Surgeon Commander Bushe and Surgeon Lieut.-Commander MacDowel in this matter was very evident.

We understand that no further ordinary mental cases are to be received into the wards of this institution, and that it is to be closed down eventually. Without in any way suggesting modification of this intention, we think that during the process of closing the excellent arrangements now existing for the treatment of general paralysis by induced malaria might be taken advantage of by the admission of suitable cases of this disease for short periods.

Broadmoor Criminal Lunatic Asylum.

December 6th, 1926.

At our visit to this institution to-day the number of patients resident was 798—600 men and 198 women. These figures also correspond with the number of patients then on the statutory books of the institution. The average number of patients resident during the year 1925 was 774 (584 males and 190 females).

The status of these patients is set out in the following table:—

	Males.	Females.	Total.
H.M. Pleasure cases—			
Found insane on Arraignment -	198	76	274
Found guilty but insane - -	290	102	392
Cases certified insane before trial	30	14	44
Cases certified insane after trial -	80	6	86
Pauper lunatics - - - -	2	—	2

In the seventeen months since two of our colleagues visited here, the admissions have numbered 90 men and 27 women, of whom 2 of the former and one of the latter were cases received from County or Borough mental hospitals. Of the 31 men and 8 women discharged or removed—none of whom was sent to a mental hospital—all the latter and 14 of the former had recovered. There have been 49 deaths (40 men and 9 women), all of which, with the exception of the case of a man who committed suicide, were from natural causes.

Analysis of the causes of death, to be productive of any reliable facts of interest, would require to cover a considerably longer period and to include their separation in age-periods. In the absence of these data it would be unsafe to say more in this connection than just to point out that those due to malignant disease (3 males and 2 females) seem proportionately higher than in ordinary mental hospitals; and that, again in comparison with those institutions, the mortality from tuberculosis—to which 5 of the male and one of the female deaths were due and of which the present number of ascertained cases is 5 males—seems somewhat above the average. In any such observations it is, however, to be remembered that in the case of every death at Broadmoor a Coroner's inquest is required to be held, and that conditions not always easy, especially in the insane, to diagnose with certainty during life are thus brought to light which might otherwise not have been included in such statistics.

The death rate, calculated as a proportion which the deaths bear to the average number resident, is comparatively low here. Thus, during the year 1925, it was only 3·6 per cent., the corresponding percentages for the male and female sides being respectively 4·4 and 1·0. In further support of our belief that the general health of the institution is very good is the fact that, besides the robust appearance of many of the patients, there has been a complete absence of infective disorders with the exception of the already mentioned incidence of tuberculosis.

One patient, a man, has suffered a severe scalp wound, the result of an assault with a meat chopper by a fellow patient employed in the male kitchen. The comparative rarity of such incidents and of other serious casualties point, especially in such an institution as is this, to the vigilance and tact of the staff, and, in the selection or approval of patients for employment in the various departments and shops, to the accurate knowledge of their patients possessed by the doctors. The total numbers of patients returned to us as usefully employed are 229 men and 109 women; that is respectively 39 and 56 per cent. of the total in residence. The former of these proportions is considerably less than that in ordinary mental hospitals, but is it satisfactory to notice that the numbers (93 and 41) shown as doing merely ward cleaning are comparatively small.

No mechanical restraint has been used. Resort to seclusion has been had in the cases of 32 women but of only 19 men—that is in proportions of 16 and 3 per cent. respectively. No doubt every reasonable effort compatible with safety, will be made to reduce the former of these proportions.

With very few exceptions the patients were quiet and orderly, and their clothing and bedding were satisfactory. We received no complaints as to treatment; but, as usual, several—in the hope that we could further their discharge—took the opportunity to discuss with us their self-alleged fitness

for discharge and the facts which led up to their admission. In all these cases we listened attentively to what they had to say, and subsequently obtained particulars about them from the medical officer.

Eighteen of the men and 7 of the women were in bed, 9 of the former and 3 of the latter being there by reason of mental symptoms. Some others, mostly at their own request, were resting (fully dressed) in single rooms; some of these were not lying down but were sitting reading on a mattress, and it occurred to us that perhaps it might be possible to furnish these rooms during the day time with a table and wicker chair. The air in some of the single rooms in male ward 1 was noticeably stuffy.

No one made any complaint to us as to their meals, and the dietary seems to us a good one except that there is still room for efforts to eliminate monotony, though we gladly recognize the improvements which have been made in this direction. As examples of points at which a further change probably would be appreciated, we would mention that, in the week's scale which we perused corned beef was twice selected as the extra at breakfast; on five afternoons the third meal was bread and butter mixture with tea; and supper was invariably gruel, which we suggest might be varied by bovril or other meat extract.

The nursing staff remains numerically the same. Including 16 on the male and 6 on the female side on duty at night, the total number is 192—142 for the men and 50 for the women.

The institution generally was in good order. Repairs to roofs, pointing and much external and internal painting have been overtaken; a new floor and appliances have been placed in the kitchen on the male side; the ward gardens on the women's side have been extended; another emergency exit has been provided at the central hall on the male side; and various minor but not important improvements have been made in the drainage system. Eight new cottages have been erected for the staff—without doubt a very wise provision. There are in hand a viewing room in connection with the mortuary, as suggested by our colleagues; an improvement to the bread store; and a new sewage disposal plant. With respect to the installation of electric light, we cannot usefully add anything to what has been previously said upon this most desirable provision, but we venture to express our hope that this matter, and all the important advantages to be thereby obtained, will not be overlooked.

In concluding our report we desire to place on record the deep regret with which our Board learnt of the death of Dr. W. C. Sullivan, who had been medical superintendent at Broadmoor since March, 1920. By his premature death a grievous loss has been sustained, not only by the institution, but by the special branch of medicine which he much enriched by his teaching and writings. He has been succeeded by Dr. H. P. Foulerton, who has to assist him as resident medical colleagues Dr. A. W. Connolly (deputy superintendent) and Dr. J. S. Hopwood. In Dr. Foulerton's absence we were accompanied by Dr. Connolly, from whom we received every possible assistance.

APPENDIX D.

Entries by Commissioners at Metropolitan Licensed Houses.

Brooke House, Clapton, N.E.

December 11th, 1926.

Since the last visit of a Commissioner the following changes have taken place:—

Three ladies have been admitted, all of whom are transfers from other homes. Two ladies have been discharged, one relieved and one recovered.

Three voluntary boarders have been admitted, one of whom left again within a week. The other two are suitable cases to remain on a voluntary footing. There has been one death from natural causes. There are 28 gentlemen in residence to-day, 5 of whom are voluntary boarders, and 40 ladies, 2 of whom are voluntary boarders. One lady is on leave for trial. I gave particular attention to the new admissions and I am of the opinion that they are properly detained. I gave three private interviews to two gentlemen and one lady. All of them asked for their discharge, but none of them are at present fit for discharge. Three patients have been secluded, one on 11 occasions for a total of 30 hours, one on two occasions for a total of 9 hours, and the third on one occasion for 6 hours.

There has been no mechanical restraint. I had no complaint except on the score of detention, and I think the patients are receiving kindly care and attention. I was sorry not to see Dr. Johnson, who was away from home, as I should have liked to call his attention to the unpleasant smell in most of the w.c.s. The gentlemen's bathroom needs renovation.

Dr. Rollins accompanied me during my inspection, and he and the matron gave all the information I required.

Camberwell House, Peckham Road, S.E.

December 14th and 15th, 1926.

Since the last visit of a Commissioner the following changes have taken place:—

There have been 32 admissions (11 men and 21 women).

There have been 25 discharges (5 men, 20 women). Of these 5 women had recovered.

There have been 8 deaths (4 men, 4 women).

Eleven patients are on leave or trial (4 men and 7 women).

There are to-day in residence 305 patients (108 men and 197 women).

Twenty-one voluntary boarders have been admitted (10 men and 11 women).

Twenty voluntary boarders have left (9 men and 11 women). Of whom 10 were admitted as certified patients (4 men and 6 women).

One male voluntary boarder has died.

There are now 37 voluntary boarders on the books (12 men and 25 women).

There have been two post mortem examinations.

Twenty-five patients have been secluded since the last visit on 141 occasions for a total of 474 hours.

Three patients have been mechanically restrained in 18 occasions for a total of 43 hours.

We were favourably impressed with the generally bright and cheerful aspect of the wards and the neatness, cleanliness and order of the dormitories and the sanitary annexes. The patients were generally extremely quiet and well behaved, and apart from some requests for discharge we had no complaints; indeed, we were struck with the evident good relations which subsisted between the patients and the staff.

We were greatly pleased with the advance made in the teaching of occupations and with the evident pleasure that this has afforded to the patients. We regard the development of this work as of great therapeutic value.

The condition of the strong combinations and strait jackets showed evidence of indifferent laundry work, and caused one of us to make a special inspection of the laundry. We are of opinion that the laundry needs re-modelling to bring it up to modern requirements, and that the facilities for dealing with the foul washing need special attention. We feel sure that a member of the Board's architectural staff would be glad

to visit and advise as to the most economical way of dealing with this matter if it would be any assistance to Dr. Norman.

We are sorry to say that the heating system in the women's strong rooms, although it has recently been overhauled, is not acting satisfactorily. We took the temperature on both days of our visit and found it to be only 57 on the first day and 52 on the second.

The medical registers are well and carefully written up. We gave particular attention to the new admissions, all of whom are properly detained. The 9 newly-admitted voluntary boarders may remain on that footing.

We saw several meals served, and thought that the food was of good quality and nicely cooked and served.

Chiswick House, Chiswick.

December 16th, 1926.

The only change amongst the patients since the last visit is the admission of one gentleman, so that there are now in residence 19 ladies and 13 gentlemen as patients. There is also one lady in the house on the footing of a voluntary boarder, who may properly remain as such for the present. I saw all in residence and found them to be comfortable and to be receiving all proper care and attention.

I had private interviews with one gentleman and one lady, neither of whom is fit to be discharged. The recently admitted patient has much improved.

The house was in good order and the patients' rooms were comfortable and well warmed. I pointed out that the fire service doors should be kept closed at night and that second exit doors should be easily opened.

Clarence Lodge, Clapham Park.

December 15th, 1926.

There have been no admissions or discharges during the past two months. I have to-day seen the same 11 ladies who were in residence at the last visit of a Commissioner. One lady who is thought to be a danger to the other ladies in the house is to be transferred to-morrow to Camberwell House. I found 2 ladies in bed and one in the garden this afternoon; the remainder were in their own rooms or in the warm and comfortable sitting rooms. I received no complaints from any of the ladies, and there is much evidence to show that they are treated with much care and individual sympathy.

The staff consists of the matron, 5 day and 3 night nurses. There has been no seclusion or mechanical restraint.

Featherstone Hall, Southall.

November 19th, 1926.

There have been no changes since the last visit of a Commissioner. I saw all the 9 ladies in residence, and I am satisfied that they are all receiving due care and attention. I had no complaints and gave no private interviews, and I thought the patients were comfortable and contented with the exception of one whose delusions were of a painful nature. The house was in excellent order and the rooms warm and nicely furnished.

Fenstanton, Christchurch Road, Streatham Hill, S.W. 2.

November 6th, 1926.

I have visited this house to-day and found the names of 25 ladies on the books; 24 of them are in residence and 3 of these are voluntary boarders. I saw all those in residence with the exception of two who were out for the afternoon. There have been no deaths, transfers, discharges or admissions since the last visit of a Commissioner. There has been no mechanical restraint and only one patient has been secluded for half an hour.

I had private interviews with two voluntary boarders, both of whom are fit to remain on that footing, but one of them has lately suffered from acute excitement and the question of certification may arise.

I found the whole house in its usual excellent order, and in spite of the shortage of coal there were excellent fires in the sitting rooms, which were very warm and comfortable. The patients seemed unusually happy and contented, and several of them spoke most heartily to me of the kindness they received. I am quite satisfied that they are well cared for.

The Flower House, Beckenham Lane, S.E. 6.

December 4th, 1926.

Since the last visit of a Commissioner one voluntary boarder has left and one voluntary boarder has been certified and is properly detained. There have been no other changes. There are to-day 23 patients in residence and one voluntary boarder. I saw them all with one exception, a gentleman who has parole and was out for a walk. I had only one complaint—from a gentleman who considers he should be discharged. I am of opinion that he is not fit for discharge. The house was in good order and the rooms are bright and pleasant. The patients appeared generally contented, and I think they are receiving care and attention. There has been no seclusion and no mechanical restraint.

Halliford House, Upper Halliford, Shepperton.

December 13th, 1926.

Since the last visit paid by one of my colleagues in October, one lady has been discharged, recovered, and one lady has been admitted from Holloway Sanatorium.

This leaves the names of 16 ladies and 12 gentlemen on the books, of whom 4 ladies and 1 gentleman are voluntary boarders. I have seen them all this morning with the exception of one lady who was out, and I had private interviews with 2 ladies, neither of whom I thought fit for discharge. Complaints were made by both about the food but I could find no facts to corroborate their statements.

There were good fires in all the sitting rooms to-day and six ladies were walking or sitting in the garden. The house was in good order both on the ladies' and the gentlemen's side, but the bedroom out of which the ladies' strong room opens is a dreary room, and I hope it will only be found necessary to use it for patients incapable of appreciating their surroundings. Eight ladies and 7 gentlemen are allowed parole outside the grounds.

Hayes Park, Hayes, Middlesex.

July 8th, 1926.

Since the last visit one lady has been transferred to other care, and 2 ladies have been admitted, both under certificates, and in each of these two cases I am satisfied that this step has been rightly taken.

As the result of these changes there are now the names of 18 ladies on the books, one of whom is absent on leave. With that one exception I have seen them all and am very well satisfied with the care and attention they are receiving. One lady is in bed, otherwise I saw them all in the gardens, which are looking charming.

Hendon Grove, N.W.

November 16th, 1926.

Since the last visit of a Commissioner there has been one admission and one death. These changes leave 12 ladies in residence, all of whom I have seen. The house is in excellent order, the bedrooms are well furnished, the toilet arrangements are satisfactory and the sitting rooms were warm and comfortable. I am satisfied that all the patients are receiving due care and attention. There has been no mechanical restraint. The new admission is properly detained.

Mead House, Hayes, Middlesex.

July 8th, 1926.

Since my colleague's visit last May the only change has been the discharge of one lady from certificates and her continuance in residence upon a voluntary footing, for which she seems to be a suitable case. Thus the number of ladies whose names remain on the books is still 14, all of whom I have seen to-day. I saw them in the garden, which was looking charming. I am very well satisfied with the care and attention these ladies are receiving.

Moorcroft, Hillingdon, Middlesex.

July 8th, 1926.

Since my colleague's visit here in May one lady and 3 gentlemen have been admitted. Of these one gentleman was received upon a voluntary footing and may so remain, though I regard him as certifiably of unsound mind. Two gentlemen have been discharged and two others who came here as voluntary patients have left.

These changes leave upon the books the names of 38 gentlemen and 9 ladies, of whom 5 of the former and 4 of the latter are here upon a voluntary footing, for which they all appear to be suitable cases. I also am of opinion that in the cases of the newly admitted certified patients this step for their care and control has been rightly taken.

I am well satisfied with the care and treatment all those in residence are receiving, and the house is in its usual excellent order.

Newlands House, Tooting.

December 14th, 1926.

Except that two rooms, damaged by the fire which occurred on October 30th, have not yet been renovated (pending some settlement with the Insurance Company), this house is in its usual good order, and the patients seem to be in receipt of proper care. Two ladies have been transferred, and there are to-day on the books and in residence 6 gentlemen and 5 ladies as patients, and a lady who is in the position of a voluntary boarder, who may so remain.

Northumberland House, Green Lanes, Finsbury Park, N. 4.

November 5th, 1926.

The installation of electric light has now been completed throughout the house, the verandah on the gentlemen's side has been completed and is

a great addition to the amenities of the institution, and the construction of two continuous baths, as well as other improvements at the cottage, are in active progress; other improvements, on the ladies' side, are in contemplation in connection with the heating and the improvement of certain single rooms for the treatment of special cases. The house is generally in very good order, and the surroundings of the patients were satisfactory.

In consequence of a communication which had been made to our Board, in reference to the conduct of a nurse in her treatment of patients, we held a thorough and long enquiry into all the allegations and circumstances. We are satisfied that the allegations are in the main well founded, and that the nurse in question was in more than one instance guilty of rough usage, and is temperamentally unsuited for her work.

Since July 6th there have been 14 admissions, 15 have been discharged (6 on recovery) and one had died from natural causes. There are on the books and in residence 25 gentlemen and 49 ladies, whom we have seen, and have found the lately admitted cases to be rightly detained, but as to one (here on an Urgency Order) special reference is made in the patients' book. There also are one gentleman and 2 ladies in the position of voluntary boarders, who may remain as such.

There has been no mechanical restraint. The divine services are usually attended by 24 patients, 27 are employed in some way, 20 (10 of each sex) have extended parole, and 12 have more limited freedom within the grounds, 22 are taken for drives and 29 attend the associated entertainments.

The nursing staff consists of 11 male and 15 female nurses for day and 2 and 3 respectively for night duty. Three of each are certificated in mental nursing.

Otto House, 47, North End Road, West Kensington, W. 14.

November 4th, 1926.

There have been no changes since the last visit by a Commissioner. There are to-day 22 names on the books, one of whom is absent on leave and the other 21 in residence, all of whom I have seen.

Only two sitting rooms were in use to-day owing to the impending move. One of the rooms was not very warm and the fire had been allowed to get very low. Two of the ladies had chilblains. I know how difficult it is at the present time to secure an even and sufficient temperature, and I trust that every effort will be made to obtain wood or peat as a substitute for coal. Miss Brodie tells me that wood is on order.

The staff consists of 10 day and one night nurse. The house was clean and in good order.

I had only one complaint from a patient, who was unfit for discharge, but who complained of the monotony of walking round and round the same garden, sitting in the same room and seeing the same people day after day. I hear that a transfer has been arranged. All the patients seemed comfortable and are, I am sure, well looked after and as happy as their mental condition allows.

Peckham House, Peckham, S.E. 15.

December 16th, 1926.

The changes which have taken place among the male patients and voluntary boarders in this house since my last visit have been as follows:—

Five patients have been admitted, 3 have been discharged, one has recovered, and 4 have died, leaving 72 patients on the books to-day, whilst in the voluntary boarder class 3 have been admitted, one has left and 2

have been certified and re-admitted as patients, leaving 9 gentlemen as voluntary boarders on the books at this date. Of the above numbers 5 patients are at present on leave with their friends, the remaining 67 being now in residence. No male voluntary boarders are on leave to-day.

At my visit to-day I saw and spoke to every gentleman in residence, giving special attention to those who have been newly admitted. In general I found the patients contented, very comfortable and well behaved. I received no complaints of any kind except, in a small number of cases, requests for release from certificates, for which they were obviously unfitted. I found that of the 5 newly admitted patients all were rightly detained under certificates, that with one exception the mental condition of the voluntary boarders, including the three new cases, was such that they might remain on that footing. The case of this gentleman was discussed with Dr. King, and certification will be proceeded with. Of the 4 deaths all were from natural causes.

It is gratifying to note that since the last visit there has been no use either of mechanical restraint or seclusion, no serious casualty and no case of infectious or zymotic disease apart from pulmonary tuberculosis on the male side.

I inspected all of the wards, dormitories and annexes on the male side and found all in excellent order, comfortable, clean, well ventilated and well warmed. The flooring of gallery XI has been completed since last visit, and the whole seems to be sweet and clean.

November 17th, 1926.

I have to-day visited the ladies' side of this institution, and I find that since the last visit of a Commissioner the following changes have taken place:—

Thirteen ladies have been admitted; 4 ladies have been transferred to other care; 5 ladies have been discharged (one of whom had recovered); and 2 ladies have died from natural causes.

There are to-day the names of 216 ladies on the books, of whom 8 are on leave or trial; 208 ladies are in residence to-day.

Three voluntary boarders have been admitted, one of whom had left before my visit. Both of the others are suitable to remain on that footing but one of them expressed a wish to leave. Dr. King is writing to her husband to inform him of this fact. There are now the names of 16 voluntary boarders on the books, all of whom are in residence.

Seven patients have been secluded since the last visit for a total of 31 hours. There has been no mechanical restraint.

I gave particular attention to 7 new admissions, all of whom are properly detained. One new admission was on leave. I gave private interviews to 4 ladies, 3 of whom asked for their discharge; I am of opinion that none of them are fit for discharge. The fourth lady made accusations against members of the staff which on enquiry proved to be unfounded.

I was greatly pleased with various improvements which had taken place since I last visited a year ago. The wards, dormitories and annexes are sweet and clean.

The heating system does not appear to be working satisfactorily, and I thought some of the side rooms were too cold. On taking the temperature in one side room in ward 5, I found it was only 52. I think something should be done to increase the warmth, and that the temperature in all the side rooms should be tested.

I was glad to hear that occupations and handicrafts were being introduced, and I hope that many more of the patients will be encouraged to employ themselves. A physical drill class has been started for both men and women, and I was told that many of the patients greatly enjoy it.

66 and 67, Marine Parade, Worthing.

August 5th, 1926.

There are 26 ladies in residence at this seaside branch of Peckham and Northumberland Houses. Nine of these from the latter house and the remainder from Peckham.

Many of these were out at the time of my visit, but those I saw appeared to be quite pleased with their surroundings and enjoying the change. The premises were throughout in good order, and there has been added to the appliances as a protection against fire a minimax extinguisher on each landing.

There is a staff of one charge nurse and 4 other nurses. Since writing the above the ladies had returned from the beach and pier, and I saw them.

The Priory, Rochampton.

December 10th, 1926.

Since the last visit of a Commissioner the following changes have taken place:—One gentleman has been admitted; one lady has been discharged relieved; one gentleman and one lady have been transferred; and one voluntary boarder, a lady, has been admitted. There are the names of 42 gentlemen and 43 ladies on the books to-day. There are 3 voluntary boarders, two ladies and one gentleman. I gave particular attention to the new admissions; the voluntary boarder is a suitable case to remain on that footing and the gentleman is properly detained under certificates.

One lady has been secluded on seven occasions for a total of 19½ hours for excitement and violence. There has been no mechanical restraint. I gave one private interview.

The house was in its usual excellent order, the rooms were warm, bright and cheerful. It is quite evident that the patients are receiving every care and consideration.

Wood End House, Hayes, Middlesex.

July 8th, 1926.

Since my colleague's visit last May one patient who had been in residence here for over 33 years has died from natural causes. One voluntary patient has left and there has been admitted one lady upon a voluntary footing who has since been certified; this step has been, I am satisfied, rightfully taken. These changes leave on the books the names of 13 ladies, all of whom I have seen to-day; they are in receipt of due care and attention.

Miss Horkey has been succeeded as matron by Miss Cheek, who has had many years' previous experience in mental nursing.

Wyke House, Isleworth.

November 27th, 1926.

Since the last visit of a Commissioner the following changes have taken place:—

Two ladies and 3 gentlemen have been admitted.

Three ladies have been transferred to other care.

One voluntary boarder, a lady, has left.

One gentleman has died from natural causes.

One lady is on leave of absence.

In residence to-day there are 2 volntary boarders (gentlemen) and 13 gentlemen and 14 ladies.

I was greatly pleased with the improvements and redecoration that have taken place and with the bright and pleasant appearance of the

rooms, all of which were warm and comfortable. The arrangements made for toilet and bathing are also very satisfactory. Generally speaking, the patients seemed to me as contented as their mental condition will allow, and more than one spoke to me of the kindness they received from Dr. and Mrs. Smith and the matron.

I gave two private interviews; both patients asked for their discharge. One of them was obviously unfit and the other is improving, and if the improvement continues her discharge is to be considered in January. I saw all the patients with the exception of the one on leave and one who was out for a walk.

APPENDIX E.

Entries by Commissioners at Provincial Licensed Houses.

Ashbrook Hall, Hollington, St. Leonards-on-Sea.

September 18th, 1926.

Since my visit last February 2 ladies have been admitted and one has been transferred elsewhere. There are thus now 6 ladies, whose names are on the books, all of whom I have seen to-day. I am satisfied that they are in receipt of kindly, careful and adequate attention. The house throughout is comfortable and in good order. The nursing staff under the matron comprises four, one of whom is on night duty.

Ashwood House, Kingswinford.

November 9th, 1926.

Since my colleague visited in February last four ladies and one gentleman have been admitted, one of each sex has been discharged, and two ladies have died from natural causes.

To-day there are on the books the names of 19 ladies and 8 gentlemen, and all were in residence and were seen by me. I found them generally to be comfortable and contented with their surroundings. The newly admitted patients are properly detained. Only one patient, a lady, shows mental improvement. Divine service is held in the house every Sunday by the vicar or his curate, and is attended by the majority of the ladies. Entertainments are held frequently, when some 10 of the ladies attend. No patients are at present allowed parole, but three ladies go for walks outside the grounds and the others in the extensive grounds. The house throughout was in good order and the patients' rooms were comfortable and well warmed.

Bailbrook House, Bath.

October 20th, 1926.

I found all the patients, all of whom I have have seen, in receipt of due care and supervision. No one shows any sign of mental improvement and the lately admitted cases are rightly detained. The main building and villa (where some painting is in hand) are in very good order, and the rooms where the ladies and gentlemen were sitting were comfortably warm and properly kept. There has been no mechanical restraint.

Since the last visit in March there have been four admissions. Six ladies have been discharged, two upon recovery, and two have died from natural causes. These changes leave on the books and in residence three gentlemen and 22 ladies. Three ladies are residing here as voluntary boarders and may so remain. All who are able walk out under care—there are not many who are capable of such exercise; from 12 to 15 attend

Sunday service in the house, three go at times to the neighbouring church, and in suitable weather several have carriage exercise.

The staff consists of 2 male and 18 female nurses for day, and 7 of the latter and one male nurse for night duty.

Bishopstone House, Bedford.

September 29th, 1926.

Since the last visit of my colleague and myself in March of this year there have been no changes amongst the patients at this house. I have to-day seen all the patients with the exception of one lady who was out walking at the time of my visit. I found five of the ladies sitting in the garden, the others being in their rooms. One or two of the ladies were complaining of slight colds, otherwise their health was good. I found the house in excellent order throughout. The nursing staff consists of a matron and four nurses. I feel sure that the patients here are receiving proper care and attention.

Boreatton Park, Baschurch.

October 16th, 1926.

Since my colleague's visit to this house at the end of last January one gentleman and one lady have been admitted as patients and the same number have been discharged, and one gentleman has died from natural causes. There are to-day on the books the names of three gentlemen and six ladies as patients and two of each sex as voluntary boarders. One gentleman patient and one lady boarder are out for the morning and one gentleman boarder is away on leave. The remainder who are in residence have been seen by me, and I found them contented and in receipt of proper care and attention. The general health of the house is good.

Divine service is held on alternate Sunday afternoons, when about one gentleman and four ladies are usually present, and one of each sex attend the Parish Church each Sunday. Three of the gentlemen and two of the ladies have their parole outside the estate. There has been no employment of either mechanical restraint or seclusion. The house generally is maintained in good order and the patients' rooms are comfortable and properly kept. I have signed the licence.

Brislington House, Bristol.

October 21st, 1926.

I have seen all the ladies and gentlemen who are on the books, no one being absent on leave or trial and none being out at the time of my visit. I found them in good and well-kept surroundings, and though here, as elsewhere, the shortage of coal is felt, the fires are kept up with the addition of wood blocks, and the rooms were comfortably warm. I had no complaints of any kind and the patients are evidently tactfully supervized. The newly admitted cases are rightly detained. I gave a private interview to one lady.

Since March 19th there have been 17 admissions, 9 patients have been discharged—4 of whom had recovered, and 4 have died from natural causes, the cause of death in two instances being verified by post mortem examination. These changes leave on the books 31 gentlemen and 39 ladies. There are also residing here as voluntary boarders two gentlemen and 7 ladies, who may remain in that position. There has been no mechanical restraint.

About 30 patients attend the Sunday services, nearly 40 are present at the associated entertainments and 13 are usefully employed. One of each sex has full parole, three ladies and three gentlemen are allowed a

more limited freedom within the estate, and 13 patients go out under care, whilst some are taken for drives daily.

The staff consists of 5 male and 22 female nurses for day and one and 5 respectively for night duty. Several female nurses are employed on the male side.

Court Hall, Kenton, Exeter.

October 22nd, 1926.

Visiting this morning I saw the same 7 lady patients and the boarder as I saw in June last, and found them to be very contented and to be well cared for in all ways. The ladies' rooms were most comfortable and the house was in excellent order. A new bathroom has been arranged on the first floor, as an extra bath was found to be necessary, and it has been fixed so that the nurses can assist the patients from both sides of the bath. I had a private interview with one lady, who is not fit to be discharged. The staff now consists of a matron and five nurses, all of whom are on day duty.

Fiddington House, Market Lavington.

October 8th, 1926.

Since June 5th one gentleman has been discharged and 3 ladies have been admitted. There are on the books and in residence 8 gentlemen and 19 ladies, whom we have seen, and with two of whom (one of each sex) we have had private interviews. The newly admitted cases are rightly detained, but one of them has improved mentally. There are also here as voluntary boarders a lady and a gentleman, who may remain in that position.

The house is generally in very good order, but the gentlemen's sitting room, where the most untidy patients are, would be the better for some brightening and redecoration.

The patients are evidently in receipt of proper care and supervision. One gentleman and 5 ladies have parole beyond the grounds; most of them attend daily morning prayers in the house, and from 10-12 go to one of the neighbouring churches on Sunday. The staff consists of a matron and 3 male and 5 female nurses. There has been no mechanical restraint.

Glendossill, Henley-in-Arden.

November 12th, 1926.

As the result of the changes amongst the patients since my visit in May last, there are now 26 ladies and 10 gentlemen patients in the house, and there are also in residence one lady and one gentleman on the footing of voluntary boarders, who may properly remain as such. I saw all in residence this afternoon and found them to be receiving all proper care and attention. I was satisfied that the recently admitted patients are proper subjects for detention, and noticed that one of them has very considerably improved and that another is making progress. Three of the gentlemen and one lady are allowed parole outside the grounds, and the majority of the others go out accompanied by members of the staff. Entertainments, which I understand are arranged frequently, are attended by all the patients, and the Sunday services, taken in turn by the Vicar and Dr. Agar, by the ladies and a few of the gentlemen.

Dr. Agar told me that he is having great difficulty in obtaining sufficient coal, and in consequence the fires have to be limited in number, but I found the rooms in which the patients were sitting were comfortable and well warmed. The house throughout was in good order, and the fire screen door,

which was necessary for the proper safety of some of the bed-rooms in case of fire, has been placed in position.

The staff consists of the matron and 4 nurses on the female side and of the head nurse and 2 male nurses on the male.

The Grange, Rotherham.

October 19th, 1926.

We have to-day visited this house and have seen all the patients who are now in residence. Since the last visit by one of us 9 patients have been admitted and 5 have been discharged or have left. These changes leave on the books the names of 19 patients, of whom 4 are here on a voluntary footing, and may remain as such for the present. Our visit took place after dark, and enabled us to realize the difficulties and inconveniences of there being no light in the bed-rooms except such as is supplied by oil hand lanterns. We were glad to see that proper taps have now been placed in the ladies' bathroom, and that some top ventilation has been supplied in the observation room. We found the ladies for the most part quiet and comfortable, though one lady was in a rather excited condition. In the case of 2 patients mechanical restraint—on four occasions by the use of a long-sleeved jacket and on two occasions by the use of locked gloves—has been employed for a total of 76 hours. Seclusion has been employed in the case of 3 ladies in all on 14 days for a total of 126 hours. We found the rooms where the ladies were sitting comfortably warmed. Under the matron there are 8 nurses, 5 being on duty by day and 3 by night.

Greta Bank, Burton-in-Lonsdale.

October 27th, 1926.

The only changes among the ladies residing here are the admissions of one lady as a patient on transfer from another licensed house and of a lady as a voluntary boarder. There are now 9 lady patients and one lady boarder here, the full number allowed by the licence. I have seen them all this morning and found them being properly cared for in comfortable surroundings. They were quite contented, and I received no complaint or grumble from any one of them. The general health is good. The house is maintained in good order and the ladies' rooms well and tidily kept.

The Vicar of Burton-in-Lonsdale visits from time to time. Three of the ladies go to the service at the Parish Church on Sundays. Miss Perkin has two nurses to assist her, with a cook and housemaid.

The Grove, Catton, Norwich.

October 27th, 1926.

We have to-day visited this house and found everything in its usual excellent order. In spite of the difficulties due to the coal strike, there were nice fires burning in the rooms where the ladies were sitting. All the ladies here are, in our opinion, in excellent care, and receiving every kindly attention. There is a comfortable, homely feeling about the house, and a complete absence of any institutional appearance.

Since the last visit of members of our Board 2 ladies have been transferred to other care and 4 ladies have been admitted, of whom 3 were voluntary patients. Of these latter one has since left. There have been no deaths. These changes leave on the books the names of 21 ladies, of whom 4 are on a voluntary footing, and may so remain for the present. Of the 21 ladies one was away on leave, so that the number actually in residence whom we saw was 20. Two old ladies were in bed, but their

health, considering their great age, is good. Three patients walk out attended, and 3 unattended, beyond the grounds. A service is held once a fortnight on Sunday afternoons, which is attended by about 12 ladies. A few ladies are able to go to church outside. There is a wireless installation here which is much appreciated by the ladies. The staff consists of two companions and 8 nurses for day and 3 for night duty. The newly admitted patient is in our opinion properly detained.

Grove House, All Stretton.

October 15th, 1926.

During the period that has elapsed since my colleague's visit to this house at the end of last January, 4 ladies have been admitted as patients and the same number have been discharged. Three ladies have entered on a voluntary footing. The names on the books now number 31 patients and 6 voluntary boarders. One lady is absent on trial. All the others have been seen by me this afternoon, and I found them in receipt of proper care and attention, and, where necessary, skilled nursing. The newly admitted patients are rightly detained, and with one exception the voluntary boarders proper subjects to remain on that footing. The excepted case has ceased to realize her position, and she should be removed or certified.

The general health of the house is, and has been good. Those ladies whom I found in bed were chiefly there on account of old age or for rest. There have been no deaths.

Divine service is held in the house on alternate Sundays by the Rector of the Parish or one of his curates, when 10 of the ladies usually attend, and 6 ladies go to the Parish Church on Sundays. No one has parole outside the grounds, but 7 ladies walk out attended.

The house is maintained in very good order; some redecoration has recently been completed. The smoke screen doors and extra doors in some rooms as recommended by my Board have been put in position. The nursing staff consists of 12 nurses for day and 4 for night duty. I have signed the licence.

Haydock Lodge, Newton-le-Willows.

October 28th, 1926.

Since my last visit with my colleague in April last the following numerical changes have taken place among the gentlemen and ladies who have come here for treatment:—

	Males.	Females.	Total.
Patients:			
Admitted	17	15	32
Transferred to other care	—	3	3
Discharged	13	5	18
of whom recovered	7	2	9
Died	4	6	10
Boarders:			
Admitted	7	18	25
Left	8	15	23
Of whom certified	1	5	6

These changes leave on the books the names of 53 gentlemen and 70 ladies as patients and of 8 gentlemen and 11 ladies as voluntary boarders. No one is away on leave or trial, and I have seen all the ladies and gentlemen, and found them in receipt of proper care and attention and of skilled nursing where required. The recently admitted patients who are still in residence are in my opinion rightly detained, and with two ex-

ceptions the voluntary boarders are fit subjects to remain on that footing. In the two excepted cases steps have already been taken to have them placed under reception orders. I gave a private interview to one gentleman; no action is necessary in this case. The 10 deaths were all from natural causes. The general health of the establishment is, and has been throughout the summer, good.

There has been no use of seclusion, but one lady was mechanically restrained to prevent self destruction on 70 occasions for a total of 1,038 hours. This, however, has not been necessary for the past four months.

Divine service is held on Sunday afternoon by the Vicar of Ashton-in-Makerfield in the house, and is attended by about 10 gentlemen and 26 ladies.

At the associated entertainments there are usually present 15 of the gentlemen and 18 of the ladies. Thirteen gentlemen and 15 ladies are usefully employed. Parole beyond the grounds is given to 11 gentlemen and one lady, and within the estate to one gentleman and 3 ladies. Five gentlemen and 6 ladies are taken for drives from time to time.

The house generally is very well maintained, and I found the rooms where the patients were, warm and comfortable. Some redecoration has been recently done in some parts, but I noticed that there were some rooms which still require doing up, for instance, the gentlemen's smoking room in the main building. The linoleum in the passage off the west wing of the ladies' hospital is badly worn in parts, and would be better taken up. I understand that there is a scheme for the reconstruction and improvement of this part of the house. The improvements to the dynamo house and boiler house are nearing completion.

The nursing staff consists of 16 of each sex for day duty and 4 of each sex for night duty. One female nurse is employed in the gentlemen's hospital. Four of the male and 5 of the female nurses can reckon over five years' service here. There is only one, a female nurse, who is certified in mental nursing. In Dr. Wootton's absence I have received every assistance from Dr. Seal, who has a very thorough knowledge of all the cases. Dr. W. H. Walker is also assisting as a resident medical officer.

Heigham Hall, Norwich.

October 26th, 1926.

We have to-day completed our inspection of this house and have seen all the patients who are now in residence. While realizing to the full the difficulties that now exist with regard to coal and fuel of all sorts, we hope that Dr. Pope will be able to make some arrangement to raise the temperature throughout the house. The hot water pipes generally were only just warm, and indeed, on the gentlemen's side, some of them were quite cold. We were told that there was a stoppage which prevented their proper working, and we think that immediate steps should be taken to get them put into order in view of the immediate approach of winter. A good deal of decoration might well be undertaken with advantage, and some of the rooms in the cottage on the ladies' side are badly in need of repair. In this part of the house we were not very satisfied with the state of some of the bedding, and we drew Dr. Pope's attention to what we thought showed some lack of care on the part of those members of the nursing staff concerned.

We were glad to see that notices as to correspondence have been placed in accordance with the wishes of our Board.

We paid particular attention to the newly admitted patients, and they are in our opinion properly detained. We gave a private interview to one lady and to a gentleman boarder, whose names we give in the patients' book. In neither case is any action called for on our part, as the wishes of both seem to be under discussion by the relatives and to be tending in the direction desired by each. A new lady voluntary boarder was seen by us, and she may properly remain on that footing.

Since the visit of one of us and a colleague in March last, 3 gentlemen and one lady have been discharged, the latter on recovery; 2 ladies have been transferred to other care and 2 ladies have died, both from natural causes. There are now 15 gentlemen and 40 lady patients, and in addition there are 2 gentlemen and 4 ladies who are here upon a voluntary footing. Of the 2 gentlemen and 6 ladies in bed no special mention need be made, except that they appeared to be in receipt of proper medical and nursing care and attention.

Six gentlemen and 26 ladies attend divine service on Sundays and 10 of the former and 28 of the latter sex attend the associated entertainments. One gentleman and 5 ladies enjoy carriage exercise.

The nursing staff consists of 4 male and 12 female nurses for day and one and two respectively for night duty. Three female nurses have over five years' service.

We were pleased to find the case books most carefully kept.

Kingsdown House, Box, Chippenham.

October 20th, 1926.

Since March 16th of this year 4 ladies has been admitted and one has been discharged. These changes leave on the books and in residence 30 ladies and 2 gentlemen. I have seen them, and to one lady I gave a private interview. One lady has so much improved that I think she should be granted a trial at an early date. There are also here 5 ladies as voluntary boarders. They may remain as such, but one lady must be watched as her mental state may become such that she cannot stay in that position.

The ladies are well cared for and supervized, and the house is in good order, but I am glad to hear that the painters will soon be engaged in that part where the worst type of patients are residing. There has been no mechanical restraint. The small matter to which attention was drawn at the last visit has been put in order. One lady has parole, those who are able go walks, a few attend service at the neighbouring church, and many of them are present at the weekly services held in the house.

The staff consists of 8 nurses for day and 2 for night. The shortage of coal makes it difficult to keep fires up, but Dr. MacBryan is doing his best under the circumstances.

Laverstock House, Salisbury.

October 6th, 1926.

Since our last visit 4 gentlemen and 5 ladies have been discharged, 2 ladies have died from natural causes, and 5 gentlemen and 10 ladies have been admitted. These changes leave on the books 21 gentlemen and 33 ladies, all of whom are in residence, and, with the exception of 2, have been seen by us. A lady and gentleman (lately admitted) have improved, and will be discharged as soon as the necessary arrangements can be made. The other new admissions are rightly detained, but one shows signs of improvement. There are also residing here as voluntary boarders 4 gentlemen and 3 ladies, who may remain in that position with one exception—a lady, who is mentioned in the patients' book.

The question in reference to the arrangements in the event of fire on the gentlemen's side is still under consideration with our architect.

We drew Dr. Benson's attention to a small bedroom which has lately been brought into use for one lady. It has no ventilation; we think it should be put out of use, and Dr. Benson has promised to accept our views. We also discussed with Dr. Benson the question of the fire keys, and he is to make other arrangements which we consider will be suitable.

The ladies and gentlemen are in receipt of proper attention and supervision and the house is in good order throughout. There has been no mechanical restraint.

Littleton Hall, Shenfield, Essex.

March 4th, 1926.

Since the last visit of a Commissioner 4 ladies have been admitted, of whom one has since been transferred elsewhere and one has been discharged. One lady has died from natural causes. There are now on the books the names of 21 ladies, of whom one is a voluntary boarder. Two ladies were away on leave at the time of our visit, so that there were actually in residence 19 ladies, all of whom we saw. The new cases are in our opinion properly detained.

We found the house in good order and the rooms comfortably warm. Two ladies were in bed, one with a fractured femur and the other suffering from rheumatism.

Malling Place, Maidstone.

July 9th, 1926.

Since my visit in January the renovation of the cottage has been completed, and it is now in use for the accommodation of some of the more noisy and faulty lady patients. It is a most useful addition. The main building has been taken in hand and a very considerable amount of bright and tasteful decoration has been effected. The greater part of the ground floor has been done and the work is in progress in other parts of the house. I understand, too, that the alterations which had been suggested by the Board's Architect for greater protection in case of fire have been effected. The room which was formerly used as a billiard room for the gentlemen has been converted into a dining room for the ladies using the cottage, and what was formerly a dormitory is to be altered and used as a gentlemen's billiard room.

As a result of the changes which have taken place, there are to-day on the books and in residence 29 ladies and 4 gentlemen. Most of these were in the grounds, and I have seen them all.

They appeared to be in receipt of proper care and supervision, and the house is throughout in very good order and the general surroundings are comfortable.

The staff remain the same as at the last visit. One gentleman has parole, about 12 patients go out under care, and some attend service at the neighbouring church. There are also residing here in the position of voluntary boarders the 3 ladies and one gentleman whose names I have mentioned in the patients' book.

Middleton Hall, Middleton St. George.

September 27th, 1926.

Since the visit by a Commissioner last April, one gentleman and 7 ladies have been admitted; the latter number includes one case upon a voluntary footing. One lady has died from natural causes and another has been discharged. The changes leave upon the books the names of 6 gentlemen and 27 ladies, so that there are vacancies for 19 gentlemen and 13 ladies. Among the ladies are 2 voluntary patients. One of them has gone home temporarily, otherwise all the 33 patients are in residence and have been seen by me to-day. I paid special attention to the 8 newly admitted patients; in the case of the 7 who have been certified I am satisfied that this step has been rightly taken for their care and treatment under control, and am inclined to think that it may be ultimately necessary in

the case of the newly admitted voluntary boarder, but she may remain upon that footing for the present. Except that 2 patients urged their discharge, for which neither is fit, no one made any complaint, and I believe they are all in receipt of kindly and careful attention. No use has been made of mechanical restraint, but 3 patients have been secluded on 20 occasions for in all 167 hours. Divine service is held in the house every other Sunday by the Vicar of the Parish, who also visits those who do not attend service.

The water pressure is not so good as it used to be, but by the use of pumps it can, it is stated, be made adequate in case of emergency; and some additional extincteurs have been added.

In addition to the matron the nursing staff comprizes on the male side 2 men and 2 women nurses by day and a male nurse by night; and on the female side 6 nurses by day and 2 at night. Each nurse has a separate room to herself and none sleeps with the patients. One of the rooms occupied by a lady whose habits are not cleanly struck me as offensive and in need of more vigorous attention, otherwise all the rooms at present in occupation are in good order and reasonably comfortable. Fires were burning in some of them. My tour round the house, however, gave me the impression that many parts are in need of repainting and redecoration; and that the entrance hall and some of the corridors could be made more attractive by the gradual addition of pieces of furniture and objects of interest. When repainting is taken in hand I hope that the present drab colours will be replaced by lighter and brighter ones.

The Moat House, Tamworth.

November 10th, 1926.

One lady has been admitted since the last visit and there have been no discharges or deaths, so that now there are 7 ladies in residence. I have seen them all this afternoon and have found them, as usual, to be receiving all proper care and kindly attention. The new case is properly detained. Their rooms were comfortable and well warmed.

Northwoods House, Winterbourne, Bristol.

October 21st, 1926.

Since the last visit in March 4 patients—2 of each sex—have been admitted; 2 gentlemen and 3 ladies have been discharged relieved, and there have been 2 deaths from natural causes (a lady and a gentleman). There are to-day on the books 10 gentlemen and 15 ladies. Two ladies and one gentleman are absent on leave on trial, leaving in residence 9 gentlemen and 13 ladies, whom I have seen, except a lady who is out for the day. The newly admitted cases are rightly detained. There are also here as voluntary boarders 6 gentlemen and 3 ladies; one of the latter I did not see as she was out. A lady whose name is given in the patients' book cannot remain in that position.

The house is in good order and the patients are in receipt of due care and attention. I had no complaints of any kind as to treatment or surroundings. There has been no mechanical restraint but a considerable amount of seclusion. One gentleman and 2 ladies have parole. About 21 patients attend the Sunday services in the house; all who are able walk out under care, and when the weather is suitable patients are taken for drives. The staff consists of 5 male and 8 female nurses for day duty and 2 of the former and one of the latter for night supervision.

Oaklands, Walmersly, Bury.

October 19th, 1926.

Since the last visit of a member of the Board of Control on June 8th of this year, 3 ladies have been admitted as voluntary boarders. Of these

3 ladies one left at the end of the month and the other 2 ladies remain on the same footing. No other changes have occurred, and the number of patients, exclusive of 2 voluntary boarders, is then 7. I found them all comfortable, orderly and apparently well cared for. Fortunately, a good supply of coal was purchased in the summer, so that a fire can be kept in all night in one of the two large dormitories or bedrooms, and in that room the older and more feeble patients sleep. The house is in good order.

None of the patients are fit to go out of the grounds unattended and neither of the voluntary boarders is yet physically strong enough to do so, though they are steadily improving in every way.

The Old Manor, Salisbury.

October 8th, 1926.

Some progress has been made with the new buildings, and the workshops, which are being erected on the site of the old bootmakers' and tailors' shops, are almost ready for use. A lady has been engaged as Occupations' Officer, and will soon be in a position to take a practical interest in this branch of the institution's activities.

The weather was exceptionally fine during our visit and a large majority of those under care were consequently out and about in the courts and gardens. We noted with approval that the number of patients in the acute ladies' court has been reduced and with evident good effect. We have seen all who are in residence and given private interviews to 3 ladies and 4 gentlemen. Four ladies and one gentleman show signs of mental improvement. We had nothing in the nature of a complaint as to treatment or surroundings from anyone, and the patients appeared to us to be receiving proper attention, care and supervision. The establishment is well maintained and the rooms and dormitories are in very good order.

Since June 4th there have been 40 admissions, 11 have been transferred to other care, and 18 have been discharged, of whom 12 had recovered. There have been 8 deaths, in reference to 4 of which inquests have been held. In one case, where death ensued from injuries received prior to admission, the inquest has been adjourned; the result and circumstances in connection with the others have been duly reported to the Board. One of these deaths, due to a suicidal act when the patient was on leave at Hume Towers, the convalescent home at Bournemouth, leads us to doubt the wisdom of permitting an actively suicidal patient to go on leave to this home. The remaining deaths were due to natural causes.

There are on the books 268 males and 216 of the other sex, in all 484, 6 of the former and 7 of the latter are absent on leave, and there are in residence 471 patients—males 262, females 209.

There are also on the books as voluntary boarders 12 gentlemen and 20 ladies, all here except 1 gentleman who is at Hume Towers, and 1 lady. They may remain in that position, but one of the gentlemen whose name is mentioned in the patients' book needs watching. The newly admitted cases who are still here are rightly detained. There has been no mechanical restraint.

Those attending divine service on Sunday number 187, at the associated entertainments 270 are generally present, and a considerable number are usefully employed. As many as 72 gentlemen and 44 ladies have full parole and 25 gentlemen and 86 ladies walk out under care, whilst 46 patients are taken for drives.

The staff consists of 29 male and 43 female nurses for day and 4 and 6 respectively for night duty. There are 7 female nurses employed on the male side. Only one nurse (male) is certificated in mental nursing, but 8 male and 14 female nurses have passed the preliminary examination.

Hume Towers, Bournemouth.

November 20th, 1926.

I paid to-day the first visit of a member of my Board to the seaside home established in connection with The Old Manor, Salisbury.

The residence, a large and handsome two-storey building, stands in an elevated position facing south on about 10 acres of ground in one of the best residential quarters of Bournemouth. Although situated within a few minutes' walk of the centre of Bournemouth, public gardens and the sea front, the house, with its lawns and gardens, is everywhere veiled from public view by well matured trees and shrubs, which surround the property.

The interior, with its spacious hall, wide panelled corridors and large sunny and admirably appointed public rooms and bedrooms, has been decorated and furnished in harmony with the fine exterior.

The bedrooms open from the main corridor on the upper floor, and facility of access is increased by the fact that doors communicate between bedroom and bedroom, where three adjoin, thus permitting closer supervision when this is required and additional exits in case of fire. For the latter, however, emergency exits have been provided as required by my Board, and the usual fire extinguishers at convenient points.

The drainage, water and electric light services are those of Bournemouth.

In general, Hume Towers lends itself admirably to the care and treatment of the class of case for whom it is intended.

At my visit only 4 ladies and 4 gentlemen, whose names I have entered in the patients' book, were in residence, on leave from Old Manor, though I saw also a gentleman from Old Manor who was spending the day at Hume Towers for change of air. I found all in good general health, and several expressed their pleasure at their surroundings and their hope that their stay at Hume Towers would be prolonged. There has been no case of mechanical restraint since the opening of the home, but 2 gentlemen have required seclusion on three occasions and also 3 ladies on three occasions. The death from shock, following suicidal precipitation from a first floor window, of a lady patient on leave from Old Manor occurred on the 13th September of this year. The circumstances of the occurrence, which formed the subject of a Coroner's inquest, were reported to my Board at the time.

In the company of Sir Cecil Chubb, Bart., Dr. Martin, medical superintendent of Old Manor, Dr. John Carswell, medical supervisor of Hume Towers, and the matron, Mrs. Staples, I visited the whole of the residence, and was greatly pleased with everything I saw. At my visit the nursing staff, under the matron, comprized 5 nurses (4 on day duty and 1 on night duty) and 1 male attendant.

Old Manor is to be congratulated on having in connection with it a seaside home whose healthful surroundings and high degree of internal comfort cannot but conduce to the recovery of its patients, and also on having the immediate service and life-long experience of its medical supervisor.

Periteau House, Winchelsea.

September 16th, 1926.

Since my colleague visited last February, 1 lady has been admitted as a voluntary patient and has left after making considerable recovery. Except for the admission of another lady there have been no changes among the certified patients, whose number is now 4, all of whom I have seen to-day. All of them, I am sure, are receiving first-rate care and attention, and judicious treatment is being given to the newly admitted patient, whose symptoms are acute and who has certainly been rightly placed under control. The roof of the house is at present under extensive repair. The

rooms are most comfortable and in their accustomed good order. A member of the nursing staff is on constant duty throughout the night.

The Pleasaunce, York.

October 12th, 1926.

We have to-day visited this house and find that since the last visit by one of us in January a considerable amount of decoration has been done which has much improved the appearance of the house. We should like to suggest that when opportunity arises some attention should be paid to the floor coverings, which are in some places rather badly worn and broken, and may possibly cause patients to trip and fall; also we noticed that one or two pieces of furniture need some repair. We discussed with Dr. Baugh some means of warming the wing, which struck us to-day as being rather chilly; it was, however, satisfactory to hear that every lady in cold weather is provided with a hot water bottle.

During the period under review 6 ladies have been admitted and 10 ladies have left the Pleasaunce, and there are now under care here 8 ladies, one of whom is on a voluntary footing and may properly remain so. The latter lady is the only new case since the last visit remaining in the house. We found all the patients under proper care and attention, and we received no complaints from any of them as to their treatment. Three ladies have been in the course of the year away on leave for their health at the seaside. Divine service is not held in the house, but 4 ladies are able to be taken to church on Sunday.

The nursing staff consists of 4 nurses, but it is not considered necessary for a member of the staff to be on duty at night. Dr. Baugh is contemplating some small alterations to the house with a view to taking in some gentlemen patients with an idea of filling up the house to the full number of the licence. Three ladies are able to have parole of the gardens.

Plympton House, Plympton.

October 23rd, 1926.

Since my colleague and I visited in June last 2 ladies have been admitted and 1 lady and 1 gentleman have been discharged. At my visit to-day I saw all the patients in residence, 4 gentlemen and 14 ladies, and also 2 voluntary boarders, one of each sex, who may properly remain as such. Only one of the new admissions is still in residence, and she is properly detained under certificates.

Rather more than half the ladies attend divine service in the house and 4 go out to the Parish Church; one lady has full parole and 3 others go into the town or elsewhere accompanied by members of the staff. The staff under the matron consists of 3 male and 6 female nurses for day duty and of 1 male and 2 female nurses for night duty. I found the house in good order throughout and the patients to be very contented and to be receiving all proper care and attention. Their rooms were most comfortable and were well warmed by good fires and central heating.

The Retreat, Fairford, Glos.

September 27th, 1926.

Since the last visit of a member of the Board 3 gentlemen and 2 ladies have been admitted as patients, 1 gentleman has been transferred to other care, and 2 patients, one of either sex, have died. Both deaths were due to natural causes. These changes leave on the books the names of 17 gentlemen and 30 ladies as patients. Two gentlemen have been admitted as voluntary boarders since 10th February, 1926; two voluntary boarders,

one of each sex, have been certified and admitted as patients, and one voluntary boarder has left. Two voluntary boarders thus remain in residence.

At my visit to-day 2 ladies were absent, one of these on trial for one month and the other on leave for a fortnight. I saw and spoke to every patient in residence and found them generally contented and free from complaint. Four ladies were confined to bed, 3 of these being elderly and infirm and 1 on account of her mental condition (a recently admitted case). Otherwise all the patients were in good or very fair general health. Two private interviews were given, and in neither case was there cause for special action. The patients enjoy as large a degree of freedom as is possible in the circumstances. No case necessitating mechanical restraint has occurred since last visit.

The redecoration referred to at last visit has been completed. I am entirely satisfied that the patients receive proper care and attention in every way.

St. George's Retreat, Burgess Hill.

September 21st, 1926.

Since my colleague and I were here last February, 9 ladies have been admitted—5 under certificates and 4 as voluntary patients; the latter number does not include one lady who, on discharge from certificates, remained upon a voluntary footing. Three certified patients have been discharged— 2 on recovery—and 3 voluntary boarders have left. Including one upon a voluntary footing, 3 patients have died, death in each case being from natural causes.

As the result of these changes there are now on the books the names of 73 ladies—9 of whom are here as voluntary patients, and, with one exception, are suitable cases for that footing. There are at present 5 patients on leave; one of these I saw in the Convent Infirmary. Otherwise, with the exception of 4 of those on leave, I have seen to-day all the ladies whose names are on the books. I paid particular attention to the newly admitted patients under certificates and am satisfied that this step for their treatment has been rightly taken. Two or three ladies urged that they ought to be discharged; in each case there was an obvious absence of fitness for this step. Otherwise I received no complaints and I am well satisfied with the care and treatment they are receiving. I also feel sure that much kindly care is taken to meet individual wants and wishes. Eight ladies are allowed parole in the grounds, but none go beyond them unattended. About 52 of the ladies attend the fortnightly entertainments in the recreation hall.

There is a resident chaplain; he conducts morning and afternoon prayers in the chapel on week-days and two services on Sundays. There has been very little sickness, and the general health of the establishment seems very good. For purposes of classification the house comprizes eight divisions.

In order to increase the water supply in case of emergency, a pump of greater capacity has been installed and the mains have been enlarged. Re-painting and decoration is in progress and a new floor of oak blocks has been supplied in the division known at St. Monica's.

The house throughout can be said to be in excellent order and very comfortable. From enquiries I made I should judge that the dietary is on a good and liberal scale.

The Reverend Mother Superior is at present away in Scotland, where, I was interested to learn, a similar institution has been started and opened. In her absence I received every assistance from Sister Mary Patricia, as well as from the medical officer, Dr. R. D. Pennefather, who visits and sees all the patients at least once daily, and who was good enough to

accompany me throughout my visit. Besides the above-mentioned senior sister, there are 41 other sister nuns for day duty among the patients and 3 lay nurses for night duty, 2 of whom are general hospital trained nurses.

St. Augustine's, Brighton.

September 25th, 1926.

There are now 3 ladies here on leave from St. George's Retreat, each of whom I have seen to-day. They are manifestly in receipt of excellent care and attention, and the house throughout is in first-rate order and very comfortable.

Shaftesbury House, Formby.

November 17th, 1926.

During the eight months which have elapsed since my colleague's visit on the 13th of March, one gentleman and 9 ladies have been admitted as patients, one gentleman has been discharged to other care, 9 ladies have been discharged, 4 of these as recovered, and one gentleman and 2 ladies have died. During the same period 7 ladies have been received as volnntary boarders and a corresponding number have left. One lady, a voluntary boarder, has been certified and admitted as a patient. There are to-day on the books as patients 8 gentlemen and 25 ladies, and, with the exception of one lady, all were in residence at my visit to-day. The lady who is absent is at home on leave. One gentleman and 2 ladies are on the books as voluntary boarders and are in residence.

I was accompanied by Dr. C. Tisdall throughout my tour of the wards and bedrooms, and saw all the ladies and gentlemen who are in residence. I satisfied myself that all the newly admitted patients are properly detained and that the voluntary boarders are fit to remain on that footing. I spoke to everyone in residence and received no complaint of any kind. All seemed to be receiving every care and attention: the day rooms were comfortable, well warmed and orderly, and, in general, the patients contented. No case of mechanical restraint has occurred since the last visit, but 4 lady patients have required seclusion on four occasions.

The house has been entirely free from epidemic or zymotic disease and no casualty has occurred. Five of the ladies and 10 of the gentlemen attend divine service on Sundays.

The deaths were all from natural causes. I have signed the licence.

The Silver Birches, Epsom.

November 2nd, 1926.

Since my visit in March 2 ladies have been admitted as patients, and are now in residence with the same 7 other ladies who were here then. I have seen them all this morning and found them in receipt of proper care and attention. Their rooms are maintained in proper condition, and the sitting rooms were warm and comfortable. The extra outside fire escape staircase has been erected and half a dozen minimax fire extinguishers placed in various positions in the house.

Two ladies have been mechanically restrained on eight occasions for short periods by means of a linen jacket to prevent them from injuring themselves and others.

Two ladies go to the Parish Church on Sundays but no service is held in the house, nor are any of the ladies visited by the local clergy. The nursing staff consists of 5 nurses. I have signed the licence.

Springfield House, Bedford.

September 29th, 1926.

I have to-day paid the second visit of the year to this house and have found everything in very good order. The day rooms and bedrooms were clean and well ventilated and were well warmed. Some of the sitting rooms were not being used to-day owing the the shortage of and necessity for economizing fuel. Some decoration is in course of progress and the rest of the house presented a bright and attractive appearance.

I saw all the patients who are now on the books, paying particular attention to the lately admitted patients, who I am satisfied are properly detained. All the patients who were in a fit mental state to converse with me seemed to be, with one exception, happy and contented and made no complaint of any sort to me. One gentleman only complained that he was improperly detained, but in the course of a somewhat protracted private interview I came to the conclusion that he is properly under care.

Since the last visit of members of our Board to this house one gentleman and 3 ladies have been admitted and one gentleman and 3 ladies have been discharged, one lady on recovery. There have been no deaths. Two lady voluntary boarders have been admitted during the period under review, but one subsequently left. These changes leave on the books the names of 16 gentlemen and 24 ladies and 2 voluntary boarders, one of each sex, who may properly continue to be upon that footing.

Fourteen gentlemen and 16 ladies generally attend divine service on Sundays and 16 of the former and 19 of the latter sex generally attend the associated entertainments. Three gentlemen and 3 ladies are able to walk out alone beyond the grounds and 9 gentlemen and 10 ladies walk beyond the grounds attended; 11 gentlemen and 9 ladies enjoy carriage exercise. There are 7 male and 9 female nurses for day and one male and 2 female nurses for night duty. Three male and 3 female nurses have over five years' service.

Of the ladies in bed to-day only 2 were really ill, one suffering from urinary trouble and the other, a voluntary boarder, from thrombosis. I feel sure that the patients here are receiving all proper medical, nursing and kindly attention.

Stretton House, Church Stretton.

October 15th, 1926.

Since my colleague's visit at the end of January this year the following changes have taken place among the gentlemen resident here for treatment on account of their mental condition:—

Patients.		Boarders.	
Admitted	13	Admitted	6
Transferred to other care	2	Left	9
Discharged	7	Of whom certified	3
of whom had recovered	4	Died	2
Died	2		

There are now on the books the names of 29 gentlemen as patients and of 2 as voluntary boarders, all of whom are in residence, and with one exception all have been seen by me. I have found them receiving proper care and attention in comfortable surroundings. The newly admitted patients who are now in residence are proper subjects for detention. One of the voluntary boarders was out for the morning; the other is a fit person

to be on that footing. The general health of the house is, and has been good; the few gentlemen whom I found in bed were there for rest on account of age or infirmity. All the deaths were from natural causes and no inquests have been held.

Divine service is held in the house on Sunday evenings, when 15 of the gentlemen usually attend, and 3 gentlemen go to church outside. Parole beyond the grounds is accorded to 4 gentlemen, and 7 walk out attended.

The house is well maintained and some improvements have recently been carried out, such as new window frames in some rooms and the provision of a bagatelle room for the better patients.

The nursing staff consists of a matron and 6 male nurses for day duty and 3 male nurses for night work. A new pegging clock has been introduced to check the night duty men. Mr. Stewart T. H. Lane has taken the place of Lt.-Col. A. A. Watson as Managing Director, but the latter will continue to reside in Church Stretton and remain on the Board of Directors. Dr. Bowie is the resident medical officer, but will be leaving in about a month's time.

Ticehurst House, Ticehurst.

December 16th, 1926.

This house, with its dependencies, is in its usual excellent order and very comfortable; and in various ways, including plenty of fires in the rooms occupied by patients, good provision appears to be made for the latter's creature comforts.

Among the changes which have occurred since my colleague and I were here last February have been the deaths of one gentleman and 4 ladies, of whom one of each sex was here at the time upon a voluntary footing; in all 5 cases death was from natural causes. There are to-day upon the books the names of 37 gentlemen and 50 ladies—4 of the latter are voluntary patients, and the 3 whom I saw are suitable for that footing. Including one of the voluntary patients, 15 patients, whose names I have entered in the patients' book, are absent on leave; of these 13 are at "West Cliffe," St. Leonards-on-Sea, and 2 are at The Ridgeway, Ticehurst.

There are thus at present in residence 28 gentlemen and 43 ladies, all of whom I have seen, as well as the 2 gentlemen at The Ridgeway. I am very well satisfied with the care and attention that is evidently bestowed upon the patients here, and, in the course of conversation which I had with a lady patient who is recovering and about to leave shortly, and with her mother who happened to be visiting her daughter, it was clear that this standard of treatment and attention is at least sometimes appreciated by its recipients.

Divine service is held weekly in the house by the Vicar of Ticehurst; it is usually attended by about 12 ladies but by only 4 of the gentlemen. These numbers are somewhat low, but there are a few others of the patients who attend service outside the grounds. Associated entertainments in the house are attended by about 17 of each sex; now that improvements have been effected in the hall it is hoped to make these rather more of a feature than they latterly have been. "Wireless" is available in each division of the establishment. Occupational instructors are gradually being introduced into public mental hospitals, and the thought suggests itself as to whether, by a similar step, some of the patients here might not be induced to interest themselves in a variety of more or less useful occupations. A good proportion of the patients are taken for carriage drives, and about 18 of each sex are taken for walks outside the grounds, besides which 9 gentlemen and 4 ladies have their parole.

Dr. McDowall is considering the installation of means for treatment by ultra-violet radiation.

The total number of the nursing staff is 74. Of these 5 male and 15 women nurses are on duty each night. Of the women some 27 per cent. have been here less than a year, but about twice that proportion have had over five years' service here. It is desirable that every effort should be made, when vacancies occur, to secure an adequate proportion who are licensed and certificated at least in mental nursing. Dr. McDowall continues to have the assistance of Dr. H. C. A. T. Cannon as his resident medical colleague.

West Cliffe, St. Leonards-on-Sea.

September 17th, 1926.

At my visit to-day I find there are 7 gentlemen and 6 ladies at present in residence, all of whom I have seen excepting one lady who is a voluntary patient (the only one here on that footing), and who was out walking.

I gave a private interview to one gentleman, who is well known to us, and who, as usual, had a good many grumbles to ventilate, none of which I am satisfied has any foundation. Apart from him—and he, in point of fact, is very happy and would be unwilling to leave here—all the others seem very happy, and are, I am convinced, in receipt of excellent care and attention.

The house (in two parts) is in excellent order and very comfortable, and the gardens are looking very attractive. The nursing staff seems ample.

Tue Brook Villa, Liverpool.

November 18th, 1926.

Since my colleague's visit eight months ago 4 gentlemen and 6 ladies have been admitted as patients, 2 gentlemen and one lady have been transferred to other care, and 5 ladies, of whom 3 had recovered, have been discharged. Three ladies have died during the same eight months, all from natural causes. There remain on the books to-day 25 gentlemen and 17 ladies as certified patients, and all in residence to-day. During the same period 3 gentlemen and one lady were received as voluntary boarders and 2 gentlemen and one lady voluntary boarders left; one gentleman being certified and admitted as a patient. There remain on the books 3 ladies and one gentleman as voluntary boarders, and all were in residence and seen to-day with the exception of the one gentleman boarder who was out for the day. This gentleman only sleeps in Tue Brook, and follows his ordinary occupation during the day, and though not seen is clearly suitable to remain on that footing. No case of mechanical restraint has occurred, but two patients, one of each sex, have required seclusion, the lady for nine occasions and the gentleman for six.

No serious accident has occurred and there has been entire freedom from epidemic or zymotic disease. I received complaints of undue detention from two lady patients, neither of whom, however, was suitable for discharge.

I found the whole villa, wards and dormitories in excellent order, the day rooms comfortable and well warmed, and the patients in general quiet and contented.

The entertainments and amusements comprize fortnightly concerts and lectures, wireless, billiards, croquet and bowls in suitable weather. About 20 gentlemen and 12 ladies attend divine service on Sundays.

Electric lighting has been installed throughout the building since the last visit of my colleague, and gas cooking provided in the kitchen.

The male nursing staff has been increased to correspond with the female side, viz., six day and two night nurses.

I am very well satisfied that the patients and boarders here are very well cared for and receive every attention, medical and other.

Dr. C. Tisdall left to take over the charge of Shaftesbury House at the beginning of April, and was succeeded by Dr. J. M. Moyes, assisted by Dr. (Mrs.) A. M. Moyes, who kindly accompanied me throughout my visit and gave me every assistance.

Wye House, Buxton.

December 21st, 1926.

Since my colleague's visit last May 2 patients (one of each sex) have been admitted under certificates, and one gentleman upon his own application. One lady has died from natural causes and another lady, who had been absent for a considerable time on leave, was discharged, and two voluntary patients.

These changes leave on the books the names of 9 gentlemen and 7 ladies, all of whom are in residence and have been seen my me this morning. I gave particular attention to the newly admitted patient who is still here, and consider him undoubtedly of unsound mind and rightly certified. There is no voluntary patient now here. With two exceptions I saw all the patients in the gardens, which, though not of course at this time of year at their best, are very tidily kept and command delightful views, and while walking about these gardens I had leisurely conversations with several of the patients. One of them, who is improving and may possibly be discharged early in the new year, spoke appreciatively of what has been done for him.

The local vicar or his curate holds divine service in the house on Sunday afternoons, and this is attended by 5 of the gentlemen and usually by all the ladies. One gentleman is accorded parole, but though permitted to do so he never exercises this privilege outside the grounds; these extend to about 11 acres. Entertainments are from time to time provided and " wireless " is installed.

The nursing staff consists of 5 of each sex, one of whom is on duty each night on each side. The house throughout is in good order and generally comfortable; but on such a cold day as to-day is I should have liked to find another fire burning on each side. Dr. Horton is at present assisted by his daughter, Dr. Phyllis M. Horton, who is temporarily also undertaking matron's duties.

APPENDIX. F.

LIST of all COUNTY and BOROUGH MENTAL HOSPITALS, REGISTERED HOSPITALS, and LICENSED HOUSES in *England* and *Wales* with the Names of the Medical Superintendents, and Clerks to Committees of Visitors; Licensees, Clerks to Visitors, and Medical Visitors, of Licensed Houses; and List of all Mental Defective Institutions in *England* and *Wales*. (Corrected to July, 1927.)

COUNTY AND BOROUGH MENTAL HOSPITALS.

COUNTIES, UNITED COUNTIES, AND BOROUGHS.	WHERE SITUATE.	MEDICAL SUPERINTENDENTS.	CLERKS TO COMMITTTEES OF VISITORS.
Beds, Herts, and Hunts	Arlesey, Beds	Laurence O. Fuller, L.R.C.P. ...	F. N. Butler, St. Neots.
Berks, Reading C.B., Newbury B., and New Windsor B.	Moulsford, Wallingford ...	W. W. Read, M.D.	J. T. Morland, Bath Street, Abingdon.
Brecon, Radnor, and Montgomery ...	Talgarth, Breconshire ...	P. Drummond, M.B.	
Bucks	Stone, Aylesbury	Hugh Kerr, M.D.	A. J. Astbury, The Mental Hospital.
Cambs., Isle of Ely, and Cambridge B. ...	Fulbourn, Cambridge ...	H. T. Jones, M.B., D.P.M.	G. R. Crouch, County Hall, Aylesbury.
Carmarthen, Cardigan and Pembroke ...	Carmarthen	John Richards, M.B.	T. M. Francis, 10, Peas Hill, Cambridge.
Chester C., Birkenhead C.B., Stockport C.B. (part), and Wallasey C.B.	Upton, Chester	G. H. Grills, M.D.	W. J. Wallis-Jones, 34, Quay Street, Carmarthen.
,, ,, ,, ,, ...	Parkside, Macclesfield ...	H. D. Cormac, M.B., D.P.M. ...	H. Potts, County Offices, Northgate Street, Chester.
Cornwall	Bodmin	F. Dudley, L.R.C.P.	G. W. Wain, 43, Church Side, Macclesfield.
Cumberland, Westmorland and Carlisle C.B.	Carlisle	W. F. Farquharson, M.D.	M. F. Edyvean, Mount Folly, Bodmin.
Denbigh, Anglesea, Carnarvon, Flint, and Merioneth C.	Denbigh	F. G. Jones, M.D.	C. W. A. Hodgson, The Courts, Carlisle.
Derby C.	Mickleover, Derby ...	G. N. Bartlett, M.B.	W. Barker, M.B.E., The Mental Hospital.
Devon	Exminster	R. Eager, O.B.E., M.D.	H. W. Skinner, County Offices, St. Mary's Gate, Derby.
Dorset	Dorchester	P. W. P. Bedford, M.D., D.P.M. ...	B. S. Miller, The Castle, Exeter.
Durham C. and Darlington C.B. ...	Winterton, Ferry Hill ...	G. F. May, M.D.	P. H. Morton, 56, High West Street, Dorchester.
Essex and Colchester B.	Brentwood	W. G. Masefield, L.R.C.P., D.P.M. ...	A. O. Smith, 19, Elvet Bridge, Durham.
,, ,, ,, ...	Severalls, Mile End, Colchester	R. C. Turnbull, M.D.	H. H. Gepp, Chelmsford.
			Ditto ditto.
Glamorgan and Merthyr Tydfil C.B. ...	Bridgend	D. Finlay, M.D.	W. E. R. Allen, Glamorgan County Hall, Cardiff.
Gloucester C. and Gloucester C.B. ...	Gloucester	J. Marnan, M.B.	E. B. Key, The Mental Hospital.
Hants, Bournemouth C.B. and Southampton C.B.	Knowle, Fareham ...	J. L. Jackson, M.B.	Lt.-Col. J. R. Wyatt, O.B.E., The Mental Hospital.
,, ,, ,, ,, ,, ...	Park Prewett, Basingstoke	R. F. B. Bowes, L.R.C.P.	H. Spooner, The Mental Hospital

Hereford (County and City)	Burghill, Hereford ...	J. G. Smith, M.D.	F. Goldingay, The Mental Hospital.
Herts	Hill End, St. Albans ...	W. W. T. Kimber, L.R.C.P., D.P.M.	Sir Charles E. Longmore, K.C.B., Clerk of the Peace, Hertford.
Kent and Gravesend B.	Barming Heath, Maidstone	H. Wolseley-Lewis, M.D., F.R.C.S.	H. J. Bracher,* 33, Earl Street, Maidstone.
,, ,, ...	Chartham, Canterbury ...	Lt.-Col. M. A. Collins, O.B.E., M.D.	J. G. Pembrook,* 15, Burgate Street, Canterbury,
Lancaster C., all the County Boroughs and Stockport C.B. (part).	Lancaster Moor	R. P. Sephton, L.R.C.P.	Allan Sewart, 49, North Road, Lancaster.
,, ,, ,, ,,	Rainhill, Lancs.	E. F. Reeve, M.B.	T. Garner, 49, Corporation Street, St. Helens.
,, ,, ,, ,, ...	Prestwich, Manchester ...	D. Blair, M.D.	Alan F. Maclure, 36, Brazennose Street, Manchester.
,, ,, ,, ,, ...	Whittingham, Preston ...	R. M. Clark, M.B.	L. Cotman, 8, Lune Street, Preston.
,, ,, ,, ,, ...	Winwick, Warrington ...	F. M. Rodgers, M.D., D.P.H. ...	P. I. Dutton (acting), The Mental Hospital.
Leicester C. and Rutland	Narborough, Leicester ...	R. C. Stewart, L.R.C.P.	W. J. Freer, 10, New Street, Leicester.
Lincoln (Lindsay, Holland, Grimsby C.B. and Lincoln C.B.).	Bracebridge, Lincoln ...	J. MacArthur, L.R.C.P., D.P.M. ...	H. E. Page, Bank Street, Lincoln.
,, (Kesteven)	Sleaford	I. R. Macphail, L.R.C.P.	A. D. Piper, 19, Jermyn Street, Sleaford.
London C.	Banstead Downs, Sutton	A. A. W. Petrie, M.D., F.R.C.S., D.P.M.	H. F. Keene, O.B.E., Mental Hospitals Dept., The County Hall, Westminster Bridge, S.E.1.
,, ...	Bexley, Kent	Geoffrey Clarke, M.D.	Ditto ditto.
,, ...	Cane Hill, Coulsdon, Surrey	Lt.-Col. S. C. Elgee, O.B.E., L.R.C.P.	Ditto ditto.
,, ...	Claybury, Woodford Bridge, Woodford Green.	Guy F. Barham, M.D.	Ditto ditto.
,, ...	Colney Hatch, New Southgate, N.11	S. J. Gilfillan, O.B.E., M.B.	Ditto ditto.
,, ...	Hanwell, Southall, Middlesex	A. W. Daniel, M.D.	Ditto ditto.
,, ...	Horton, Epsom	Lt.-Col. J. R. Lord, C.B.E., M.D., FRCP.	Ditto ditto.
,, ...	Ewell Colony, Epsom ...	L. H. Wootton, M.B., D.P.M. ...	Ditto ditto.
,, ...	Long Grove, Epsom ...	D. Ogilvy, M.D.	Ditto ditto.
,, ...	West Park, Epsom ...	N. Roberts, O.B.E., M.D., D.P.M. ...	Ditto ditto.
,, ...	†Maudsley Hospital, Denmark Hill, S.E.5 ...	E. Mapother, M.D., F.R.C.S., F.R.C.P.	Ditto ditto.
Middlesex	Wandsworth, S.W.17 ...	Reginald Worth, O.B.E., M.B. ...	H. S. Freeman,‡ Clarence Street, Staines.
,, ...	Napsbury, St. Albans ...	A. O'Neill, O.B.E., L.R.C.P.	E. S. W. Hart,‡ Guildhall, Westminster, S.W.1.
Monmouth	Abergavenny	N. R. Phillips, M.D....	R. W. Powell, The Mental Hospital.
Norfolk	Thorpe, Norwich	O. G. Connell, M.C., L.R.C.P. ...	W. E. Hansell, The Close, Norwich.
Northampton C.	Berrywood, Northampton	F. J. Stuart, O.B.E., L.R.C.P. ...	C. A. Markham, 1, Guildhall Road, Northampton.
Northumberland and Tynemouth C.B....	Cottingwood, Morpeth ...	G. R. East, M.D.	Henry D. Irwin, 3, Royal Arcade, Newcastle-upon-Tyne
Notts C.	Radcliffe-on-Trent, Nottingham	S. Lloyd Jones, L.R.C.P.	J. F. Gell, The Mental Hospital.
Oxford C. and Oxford City	Littlemore, Oxford ...	T. Saxty Good, O.B.E., L.R.C.P.	J. Rose, 10, New Road, Oxford.

* Clerks to the respective Sub-Committees. Clerk to the Kent Mental Hospitals Committee : H. J. Bracher. † Uncertified cases only. ‡ Clerks to the respective Sub-Committees. Clerk to the Middlesex Mental Hospitals Committee : H. S. Freeman.

COUNTY AND BOROUGH MENTAL HOSPITALS—*continued*

COUNTIES, UNITED COUNTIES, AND BOROUGHS.	WHERE SITUATE.	MEDICAL SUPERINTENDENTS.	CLERKS TO COMMITTEES OF VISITORS.
Salop, Shrewsbury B., and Wenlock B.	Bicton, Shrewsbury ...	W. S. Hughes, M.B.	W. Baxter, County Buildings, Shrewsbury.
Somerset and Bath C.B.	Wells	J. McGarvey, M.B., D.P.M.	J. H. Coates,* The Mental Hospital.
,, ,, ...	Cotford, Norton Fitzwarren, Taunton	H. T. S. Aveline, M.D.	A. W. Caley,* The Mental Hospital.
Stafford C., and all the County Boroughs	Stafford	B. H. Shaw, M.D.	Eustace Joy, M.A., County Buildings, Stafford.
,, ,, ,, ,, ...	Burntwood, Lichfield ...	W. Reid, M.B.	Ditto ditto.
,, ,, ,, ,, ...	Cheddleton, Leek	W. F. Menzies, M.D., F.R.C.P. ...	Ditto ditto.
Suffolk (East and West)	Melton, Woodbridge ...	Lt.-Col. W. B. Keith, M.C., M.D. ...	C. Oakes, County Hall, Ipswich.
Surrey and Guildford B.	Brookwood, Woking ...	James A. Lowry, M.D.	W. Hall, County Hall, Kingston-on-Thames,
Surrey	Netherne, Coulsdon, Surrey	P. C. Coombes, L.R.C.P.	Ditto ditto.
Sussex (East)	Hellingly, Sussex	F. R. P. Taylor, M.D.	Harold M. Blaker, 211, High Street, Lewes.
,, (West)	Chichester	C. G. Ainsworth, LL.B., M.B. ...	E. H. Blaker, 9, West Pallant, Chichester.
Warwick C., Coventry C.B., and Warwick B.	Hatton, Warwick	A. T. W. Forrester, M.D.	H. W. Blenkinsop, 1, New Street, Warwick.
Wight, Isle of	Whitecroft, Newport, I. of W.	W. J. A. Erskine, M.D.	J. H. Green, The Mental Hospital, Newport, I.W.
Wilts	Devizes	S. J. Cole, M.D.	G. W. Jackson, Devizes.
Worcester C., Dudley C.B., and Worcester C.B.	Powick, Worcester ...	H. F. Fenton, M.B.	J. L. Wood, Bank Buildings, Cross, Worcester.
Worcester C.	Barnsley Hall, near Bromsgrove	P. T. Hughes, M.B., D.P.H. ...	C. H. Bird, Shirehall, Worcester.
York, N. Riding	Clifton, York	J. I. Russell, M.B., F.R.F.P.S., D.P.M.	Alfred Proctor, 5, New Street, York.
,, W. Riding, and (except for Scalebor Park) Barnsley, Bradford, Dewsbury, Halifax, Huddersfield, Leeds, Rotherham, Sheffield C.B., and (for Wadsley and Storthes Hall) Doncaster B. ...	Menston, Leeds	S. Edgerley, M.D.	H. Topham, Mental Hospitals' Board Office, Wakefield.
	Wadsley, Sheffield ...	W. J. N. Vincent, C.B.E., M.B.	Ditto ditto.
	Wakefield	J. S. Bolton, M.D., D.Sc., F.R.C.P.	Ditto ditto.
	Storthes Hall, Kirkburton, Huddersfield.	C. W. Ewing, L.R.C.P., D.P.M.	Ditto ditto.
	†Scalebor Park, Burley-in-Wharfedale.	J. R. Gilmour, M.B., F.R.C.P.E. ...	Ditto ditto.
,, E. Riding	Beverley	T. M. Davie, M.C., M.B., D.P.M. ...	C. W. Hobson, 26 and 28, Lairgate, Beverley.
BOROUGHS.			
Birmingham	Winson Green, Birmingham	C. W. Forsyth, M.D.	F. H. C. Wiltshire, Council House, Birmingham.
,, ...	Rubery Hill, near Birmingham	T. C. Graves, M.D.,, F.R.C.S.‡ ...	Ditto ditto.
Brighton	Haywards Heath, Sussex	G. H. Harper-Smith. M.D. ...	Jas. H. Rothwell, C.B.E., Town Hall, Brighton.

Bristol	Fishponds, Bristol ...	E. B. C. White, L.R.C.P.	J. Green, The Council House, Bristol.
Canterbury	St. Martin's Hill, Canterbury.	E. F. Sall, L.R.C.P.	R. H. Wanklyn, Town Hall, Canterbury.
Cardiff	Whitchurch, Glamorgan	Lt.-Col. E. Goodall, C.B.E., M.D., F.R.C.P.	C. G. Brown, Town Clerk's Office, Cardiff.
Croydon	Warlingham, Whyteleafe, S.O., Surrey	H. M. Berncastle, L.R.C.P.	J. M. Newnham, Town Hall, Croydon.
Derby	Rowditch, Derby	John Bain, M.B.	G. T. Lee, Town Hall, Derby.
Exeter	Digbys, Topsham	D. McK. Reid, M.D., F.R.F.P.S. ...	H. Lloyd Parry, Town Clerk's Office, Exeter.
Gateshead	Stannington, Newcastle-upon-Tyne.	Lt.-Col. J. V. G. Tighe, M.B. ...	W. Swinburne, Town Hall, Gateshead.
Hull	De la Pole, Willerby, Hull	J. S. Anderson, L.R.C.P.	H. A. Learoyd, Guildhall, Hull.
Ipswich	Ipswich	W. M. Ogilvie, M.B.	A. Moffat, Town Hall, Ipswich.
Leicester	Humberstone, Leicester ...	Lt.-Col. J. F. Dixon, M.D. ...	H. A. Pritchard, Town Hall, Leicester.
London (City of)	Stone, Dartford	W. Robinson, M.D., D.P.M. ...	L. T. Feldon, 5, Church Passage, Guildhall, E.C. 2.
Middlesbrough	Cleveland, Middlesbrough	H. G. Draker Brockman, L.R.C.P....	Preston Kitchen, Town Clerk's Office, Middlesbrough.
Newcastle-upon-Tyne	Gosforth, Newcastle-upon Tyne.	H. D. MacPhail, O.B.E., M.D. ...	A. M. Oliver, Town Clerk's Office, Newcastle-on-Tyne.
Newport	Caerleon, Mon.	W. F. Nelis, M.D.	O. T. Morgan, Town Clerk's Office, Newport, Monmouth.
Norwich	Hellesdon, Norwich ...	David Rice, M.D., D.P.H.	Noel B. Rudd, Guildhall, Norwich
Nottingham	Mapperley Hill, Nottingham.	G. Ll. Brunton, M.D.	W. J. Board, Guildhall, Nottingham.
Plymouth	Blackadon, Ivybridge ...	W. Starkey, M.B.	R. J. Fittall, Town Clerk's Office, Plymouth.
Portsmouth	Milton, Portsmouth ...	T. Beaton, O.B.E., M.D., M.R.C.P.	F. J. Sparks, Guildhall, Portsmouth.
Sunderland	Ryhope, Sunderland ...	M. A. Archdale, M.B., D.P.M. ...	H. Craven, Town Hall, Sunderland.
West Ham	Goodmayes, Ilford, Essex	J. H. Cuthbert, M.B., D.P.M. ...	G. E. Hilleary, Town Hall, West Ham, E.15.
York	Fulford, York	R. A. Hooper, M.B.	P. J. Spalding, Guildhall, York.

* Clerks to the respective Sub-Committees. Clerk to Somerset and Bath Mental Hospitals Committee : A. W. Caley.
† For private patients only.
‡ Also Medical Director of the Birmingham Mental Hospital, which comprises Winson Green Division and Rubery Hill with Hollymoor Division.

HOSPITALS.

COUNTY.	HOSPITALS.	MEDICAL SUPERINTENDENTS.
Chester	Manchester Royal Hospital, Cheadle.	J. A. C. Roy. M.B.
Devon	Wonford House, Exeter ...	W. B. Morton, M.D.
Gloucester ...	Barnwood House, Gloucester ...	A. A. D. Townsend, M.D.
Lincoln	The Lawn, Lincoln	Jane E. Shortt, M.B.
London	Bethlem Royal Hospital, Lambeth Road, S.E.1.	J. G. Porter Phillips, M.D., F.R.C.P.
Norfolk	Bethel Hospital, Norwich ...	S. J. Fielding, M.B.
Northampton ...	St. Andrew's Hospital, Northampton.	D. F. Rambaut, M.D.
Notts	The Coppice, Nottingham ...	D. Hunter, M.B.
Oxford	The Warneford, Headington Hill, Oxford	A. W. Neill, M.D.
Stafford	Coton Hill Hospital, Stafford	R. Macdonald, O.B.E., M.D., D.P.M.
Surrey	Holloway Sanatorium, St. Ann's Heath, Virginia Water.	H. Devine, O.B.E., M.D., F.R.C.P.
York City (N.R.)	Bootham Park, York	G. R. Jeffrey, M.D., F.R.C.P.E.
,, ,, (E.R.)	The Retreat, York –	H. Yellowlees, O.B.E., M.D., F.R.F.P.S., D.P.M.
MILITARY AND NAVAL HOSPITALS :		
Hants	Royal Military Hospital, Netley, Southampton	Maj. W. L. Webster, M.B.
Norfolk	Royal Naval Hospital, Yarmouth.	Surgeon-Commander H. C. Devas, R. N.
CRIMINAL ASYLUM :		
Berks	State Criminal Asylum, Broadmoor, Crowthorne.	H. P. Foulerton, L.R.C.P., D.P.H.

METROPOLITAN LICENSED HOUSES.

HOUSES.		Number of Patients for which Licensed.			TO WHOM LICENSED.
		M.	F.	Total.	
(*a*) For both Sexes :					
Camberwell, S.E. 5 ...	Camberwell House, Peckham Road ...	Not more than 140	300	420	Lord Henry Fitzgerald, Captain J. A. E. Drury-Lowe, and H. J. Norman, M.B., D.P.H.
Chiswick, W. 4	Chiswick House	14	21	35	Mrs. M. E. Tuke and D. I. O. Macaulay, M.D., D.P.M.
Clapton, Upper, E. 5 ...	Brooke House	Not more than 31	51	80	G. H. Johnston, L.R.C.P.
Finsbury Park, N. 4 ...	Northumberland House	Not more than 37	63	95	A. H. Stocker, H. G. Stocker, and F. Dillon, M.D.
Hayes, Uxbridge	Hayes Park	Not more than 2	19	19	H. F. Stilwell, L.R.C.P., and Mrs. M. E. Stilwell.
Hillingdon, Uxbridge ...	Moorcroft House (and Laurel Lodge) ...	Not more than 48	10	48	R. J. Stilwell, L.R.C.P., J. F. Stilwell, and G. W. B. James, M.C., M.D., D.P.M.
Sion Hill, Brentford ...	Wyke House	25	20	45	G. W. Smith, O.B.E., M.B., Mrs. S. R. M. Smith, M.B., and Miss A. Crux.
Peckham, S.E. 15 ...	Peckham House	Not more than 115	265	360	A. H. Stocker, H. G. Stocker, and F. R. King, L.R.C.P.
Roehampton, S.W. 15 ...	The Priory	Not more than 47	47	90	S. G. Turner, Lieut.-Col. D. E. Wood, and J. Chambers, M.D.
Shepperton	Halliford House	Not more than 15	17	30	Capt. H. O. S. Ellis, Lt.-Col. H. Dickenson, W. J. H. Haslett, L.R.C.P., and Miss M. B. E. Hardwick.
Tooting Common, S.W. 17	Newlands House, Tooting Bec Road ...	Not more than 21	22	28	J. N. Sergeant, M.B., Mrs. M. D. K. Margetts, Mrs. H. S. Sergeant, and Miss M. F. Reeve.
(*b*) Males only :					
Beckenham Lane, Catford, S.E. 6.	The Flower House...	32	—	32	Col. W. H. F. à Beckett, Mrs. Enid à Beckett, W. F. Umney, M.D., D.P.M., and C. R. Menzies.

Metropolitan Licensed Houses—*continued.*

q. Limited to quiet and harmless cases.

HOUSES.		Number of Patients for which Licensed.			TO WHOM LICENSED.
		M.	F.	Total.	
(*c*) Females only : Clapham Park, S.W. 4 ...	Clarence Lodge, Clarence Road	—	12	*q.* 12	Mrs. F. E. M. Thwaites and Miss L. M. Thwaites.
Hayes, Uxbridge	Mead House	—	14	14	H. F. Stilwell, L.R.C.P., and R. J. Stilwell, L.R.C.P.
,, ,, ...	Wood End House	—	19	19	R. J. Stilwell, L.R.C.P., Miss R. Cheek, and G. W. B. James, M.C., M.D., D.P.M.
Hendon, N.W.	Hendon Grove	—	14	14	H. R. S. Walford, L.R.C.P., Mrs. Walford, and A. C. Loader.
Southall	Featherstone Hall	—	10	10	A. N. Leatham, M.D., and Mrs. M. F. Leatham.
Streatham Hill, S.W. 2 ...	Fenstanton, Christchurch Road ...	—	30	30	E. W. White, C.B.E., M.B., M.R.C.P., Mrs. H. White, and J. H. Earls, M.D.
Sydenham, S.E. 26 ...	Otto House, 44, Sydenham Hill ...	—	30	30	Mrs. C. M. A. Sutherland, Miss E. B. Brodie, and Mrs. M. A. H. Little.

PROVINCIAL LICENSED HOUSES.

COUNTY.	HOUSES.	TO WHOM LICENSED.	Number of Patients for which Licensed. M.	F.	T.	CLERK TO VISITORS.	MEDICAL VISITORS.
Beds [Bedford Borough]	Bishopstone House, Bedford	Mrs. Beatrice Peele, Miss B. C. Peele, Mrs. D. M. Sutton, Miss F. Gibbons, Miss D. Palmer, and Miss A. George.	—	10	10	Mark Whyley, Bedford	Rowland Hill Coombs, D.L., M.D., M.R.C.P.
Beds ...	Springfield House, Bedford	David Bower, M.D., Mrs. M. L. Bower, C. W. Bower, L.M.S.S.A., Miss Mary Bellars, and Miss C. M. Collbran.	Not more than 24	34	48	J. B. Graham, ditto	E. C. Sharpin, L.R.C.P.
Derby ...	Wye House, Buxton ...	W. W. Horton, M.D., and Mrs. I. C. Dickson.	22	22	44	W. B. Bunting, Chapel-en-le-Frith.	H. Shipton, F.R.C.S.
Devon ...	Court Hall, Kenton, Exeter	Miss B. M. Mules, M.D., and Miss A. S. Mules, L.R.C.P.	—	8	8	F. A. Pearce, Exeter	L. P. Black, M.B., D.P.H.
,, ...	Plympton House, Plympton	Alfred Turner, M.D., Mrs. F. M. Turner and J. C. Nixon, M.B.	18	26	44	R. B. Johns, Plymouth	E. L. Fox, M.D.
Durham ...	Middleton Hall, Middleton St. George.	R. H. O. Garbutt, L.R.C.P., and T. C. Barkas, O.B.E., M.B.	25	40	65	G. H. Watson, Darlington	T. Beattie, M.D., F.R.C.P.
Essex ...	Littleton Hall, Shenfield, Brentwood.	Miss M. G. E. Wilson, H. G. L. Haynes, L.R.C.P., and Mrs. M. Haynes.	—	25	25	H. F. Bawtree, Witham	R. W. Quennell, O.B.E., L.R.C.P.
Gloucester ...	Northwoods, Winterbourne, Bristol.	J. D. Thomas, M.B., J. R. P. Phillips, M.D., Mrs. R. M. P. Thomas, and Miss G. M. S. Thomas.	Not more than 30	30	50	C. A. H. Montague, 65, Stokes Croft, Bristol.	J. R. Charles, M.D., F.R.C.P., and C. F. Coombs, M.D., F.R.C.P.
,, ...	The Retreat, Fairford –	A. C. King-Turner, M.D., Mrs. E. S. King-Turner, and R. Bell, M.C., M.B.	Not more than 25	35	50	Robert W. Ellett, Cirencester.	W. R. Cossham, M.D.

PROVINCIAL LICENSED HOUSES—*continued.*

q. Limited to quiet and harmless cases.

COUNTY.	HOUSES.	TO WHOM LICENSED.	Number of Patients for which Licensed.			CLERK TO VISITORS.	MEDICAL VISITORS.
			M.	F.	T.		
Kent – –	Malling Place, West Malling, Kent.	G. H. Adam, L.R.C.P., and H. Gray, L.R.C.P.	18*	21*	39	C. E. Warner, Tonbridge	E. S. Cardell, L.R.C.P. Hy. A. Andrews, L.R.C.P.
Lancaster –	Haydock Lodge, Ashton, Newton-le-Willows.	C. T. Street, L.R.C.P., Mrs. Mabel R. Street, J. C. Wootton, L.R.C.P., Mrs. M. Wootton, Mrs. E. Mould, and F. M. Seal, M.B.	Not more than 80	90	150	H. Hatton, Warrington	H. Langdale, M.D.
,, [Liverpool City].	Tue Brook Villa, Liverpool	F. E. Ingall, F.R.C.S., J. J. Tisdall, L.R.C.P., C. J. Tisdall, M.B., and J. M. Moyes, M.B.	Not more than 38	14	52	C. T. Barton, Clerk to Justices, Liverpool.	W. M. Campbell, M.D. T. Clarke, M.D.
Lancaster –	Shaftesbury House, Formby, Liverpool.	Mrs. F. W. Gill, Miss V. F. D. Gill, Mrs. E. M. Gill, John W. Jones, and C. J. Tisdall, M.B.	Not more than 10	40	40	G. W. Swift, 74, Hanover St., Liverpool.	H. Langdale, M.D.
Norfolk [Norwich City].	Heigham Hall, Norwich ...	J. G. Gordon-Munn, M.D., G. S. Pope, L.R.C.P., and Mrs. L. Pope.	40	55	95	W. R. Cooper, Norwich	H. J. Starling, M.D.
,, ...	The Grove, Catton Grove Road, Norwich.	Miss F. R. McLintock, and Miss H. M. McLintock.	—	21	21		
Shropshire	Stretton House, Church Stretton.	Lieut.-Col. A. A. Watson, C.M.G., D.S.O., B. F. Home, L.R.C.P., S. T. H. Lane, and Miss C. M. Miller.	40	—	40	W. Baxter, Shirehall, Shrewsbury.	H. W. Gardner, M.B.E., M.D., F.R.C.P.

Shropshire ...	Grove House, All Stretton	J. McClintock, L.R.C.P., Mrs. F. E. G. McClintock, Miss G. M. T. Daniell, and Miss G.M. McClintock.	—	40	40	W. Baxter, Shirehall, Shrewsbury.	H. W. Gardner. M.B.E., M,D., F.R.C.P.
,, ...	Boreatton Park, Baschurch, near Shrewsbury.	E. H. O. Sankey, M.B., and Miss K. M. O. Sankey.	12	18	30	Ditto ditto	Ditto.
Somerset ...	Brislington House, Bristol	Mrs. A. Fox, J. M. Rutherford, M.B., F. E. Fox, L.R.C.P., and R. A. Fox.	44	62	106	C. E. Newman, 14, Boulevard, Weston-super-Mare.	R. E. Moorhead, L.R.C.P., J. R. Charles, M.D., J. Wallace, O.B.E., M.B., and John Allen, M.B.
,, ...	Bailbrook House, Bath-easton.	N. Lavers, M.D., Col. H. A. Berryman and Mrs. B. G. Le M. Lavers.	Not more than 6	40	44		
Stafford ...	Ashwood House, Kingswinford, Dudley.	H. G. Peacock, L.R.C.P., and J. F. G. Pietersen, L.R.C.P.	11	20	31	Eustace Joy, County Buildings, Stafford.	C. Reid, O.B.E., M.B.
,, ...	Moat House, Tamworth ...	Mrs. S. A. Michaux and Lt.-Col. C. E. Hollins.	—	16	16	Ditto ditto	Ditto.
Surrey ...	The Silver Birches, Church-street, Epsom.	Miss M. O. Daniel and E. G. C. Daniel, M.B.	—	14	14	T. W. Weeding, County Hall, Kingston-on-T.	P. C. Coombes, L.R.C.P.
Sussex, East	Ticehurst House	C. F. McDowall, M.D., and C. Newington.	40	52	92	H. J. T. McIlveen, County Hall, Lewes.	F. Fawssett, M.B.E., M.B.
,, ...	St. George's Retreat, Burgess Hill.	Miss Ward, Miss McEvoy, Miss Stoker, and Miss Doran.	—	75	75	Ditto ditto	Ditto.
,, ...	Periteau House, Winchelsea, Sussex.	H. Baird, M.D., and Mrs. I. M. Baird	—	5	5	Ditto ditto	Ditto.
,, [Hastings Borough]	Ashbrook Hall, Hollington	Charles E. H. Somerset and Mrs. E. M. Somerset.	—	*q.* 6	6	F. G. Langham, 44A, Robertson-street, Hastings.	E. R. Mansell, L.R.C.P.
Warwick ...	Glendossill, Henley-in-Arden.	W. Agar, L.R.C.P., Mrs. Mary D. Agar and Miss E. M. McKay.	12	28	40	A. C. Burrows, 1, New Street, Warwick.	T. W. Thursfield, M.D., F.R.C.P.
Wilts [New Sarum City].	The Old Manor, Salisbury.	Sir Cecil H. E. Chubb, Bart., LL.B., and S. E. Martin, M.B.	—	—	672†	A. C. Jonas, Salisbury...	H. P. Blackmore, M.D., and E. T. Fison, O.B.E., M.D., F.R.C.S.

* Proportion of sexes may be varied.

† Not more than 550 to be of the Private Class.

PROVINCIAL LICENSED HOUSES—*continued.*

COUNTY.	HOUSES.	TO WHOM LICENSED.	Number of Patients for which Licensed. M.	F.	T.	CLERK TO VISITORS.	MEDICAL VISITORS.
Wilts ...	Laverstock House, Salisbury	J. R. Benson, F.R.C.S., Lt.-Col. C. B. Benson, D.S.O., and Miss M. Marriman.	Not more than 50	50	70	W. L. Bown, Trowbridge	C. R. Straton, F.R.C.S.
,, ...	Fiddington House, Market Lavington, Devizes.	J. R. Benson, F.R.C.S., Mrs. May Benson, Lt.-Col. C. B. Benson, D.S.O., and the Rev. E. Benson.	8 to 22	8 to 22	30	Ditto ditto	G. S. A. Waylen, L.R.C.P.
,, ...	Kingsdown House, Box ...	Mrs. A. K. MacBryan, and J. R. P. Phillips, O.B.E., L.R.C.P.	Not more than 13	43	43	Ditto ditto	A. D. Hamilton, M.D.
York, W.R.	Greta Bank, Burton-in-Lonsdale, Kirkby Lonsdale.	Miss Sarah J. Perkin, J. C. Wootton, Mrs. Edith Mould, and C. T. Street, L.R.C.P.	10 or 10		10	W. H. Coles, Wakefield	L. T. Wells, L.R.C.P., and H. W. Williams, M.D.
,, ,, ... [Rotherham Borough]	The Grange, Kimberworth, Rotherham.	G. E. Mould, L.R.C.P., and Mrs. B. L. Mould.	—	20	20	C. L. des Forges, Rotherham.	A. Robinson, M.D.
York, City ...	The Pleasaunce, Heworth, York.	L. D. H. Baugh, M.B., and Mrs. J. S. Baugh, M.B.	Not more than 9	17	22	H. V. Scott, York ...	J. Acomb, M.D.

LIST of STATE and CERTIFIED INSTITUTIONS, CERTIFIED HOUSES, and APPROVED HOMES under the MENTAL DEFICIENCY ACT, 1913, with the Names of Managers or Owners, Clerks to Visitors, and the Number and Class of Patients.

(Corrected to July, 1927.)

STATE INSTITUTIONS.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Name of Superintendent.	Number and Class of Defectives.
Nottingham ...	Rampton, Retford ...	The Board of Control, Caxton House West, London, S.W.1.	W. R. Thomas, M.D.	336 males and 253 females of dangerous or violent propensities.
Warwick ...	Warwick State Institution, The Cape, Warwick.	Do. do. do.	Mrs. G. E. Newsome	53 females of dangerous or violent propensities.

CERTIFIED INSTITUTIONS.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Berkshire ...	Cumnor Rise, Cumnor	The Oxford Branch of the National Association for Promoting the Welfare of the Feeble-minded. Hon. Sec. of Branch :—Hon. P. Bruce, 4, Wellington Place, St. Giles, Oxford.	H. J. C. Neobard, Shire Hall, Reading.	34 feeble-minded females, not more than 5 of whom are to be private patients. The age of admission is from 14 years. Epileptics and fallen women not taken. Poor Law cases received.

CERTIFIED INSTITUTIONS—*continued.*

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Cambridge ...	Littleton House School, Girton, Cambridge.*	Littleton House Association	A. Tabrum, Clerk of the Peace, Cambridge.	9 males. Imbeciles and feeble-minded. 5 cases to be over 16 years of age; 4 cases under 16 years of age to be of a degree of mental defect such as would permit of their being housed and instructed with the children for whom the School is primarily intended. *Certified by Board of Education for* 62 *boys.*
Carmarthen ...	Pantglas Hall, Llanfyndd Road, Carmarthen.	The West Wales Joint Board	J. W. Nicholas, County Offices, Carmarthen.	70 females of 7 years of age and upwards. Trainable cases only.
Cheshire	Ashton House (Seaside Laundry Home), Parkgate, Chester.	Committee of Management	R. Potts, Northgate Street, Chester.	40 high-grade feeble-minded girls. Admission over 14 years of age.
	Sandlebridge, Alderley Edge.*	Incorporated Lancs and Cheshire Society for the Permanent Care of the Feeble-minded. Sec. :—E. M. Richards, 72, Bridge Street, Manchester.	Do. do.	371 of either sex. *Certified by Board of Education for* 65 *boys and* 44 *girls.*
Cumberland ... (Carlisle C.B.)	Durran Hill House, Carlisle.	Westminster Diocesan Education Fund ... Sec. :—T. W. Hunter, Archbishop's House, Victoria Street, London, S.W.1.	A. H. Collingwood, 15, Fisher Street, Carlisle.	65 feeble-minded Roman Catholic females, aged 16 years and over. Criminals and fallen women not accepted. Poor Law cases received.
Derby	Whittington Hall (Midland Counties Institution), Chesterfield.†	The Incorporation of National Institutions for Persons requiring Care and Control. Warden :—Rev. H. N. Burden, 14, Howick Place, Victoria Street, London, S.W.1.	W. B. Bunting, Chapel-en-le-Frith.	400 females.
Devon ... ... (Exeter C.B.)	The Devon and Exeter Home of the Good Shepherd, Holloway Street, Exeter; *with ancillary premises,* The Chantry, Exeter.	Committee of Management	J. I. Pengelly, The Court House, Exeter.	82 feeble-minded females. 64 at Devon and Exeter Home and 18 at The Chantry.

	Stoke Lyne, Withycombe, Exmouth.	County Council of Devon	F. A. Pearce, 14, Castle Street, Exeter.	49 males: 16 years of age and under, and 1 male and 3 female adults. All classes within the meaning of the Act.
	The Home of the Holy Innocents, Franklyn, St. Thomas, Exeter.	The Managers	Do. do.	42: 27 cot and chair cases of either sex and 15 high or medium grade females over 16 years of age.
	Western Counties Institution, Starcross, near Exeter;* *with ancillary premises*, Elm Court, Starcross.	Committee of Management	Do. do.	310 males and 127 females. *Certified by Board of Education for* 83 *boys and* 52 *girls.* 38 females, feeble-minded and moral imbeciles.
Dorset	Mount Tabor, Lower Parkstone.	The Sisters of the Transfiguration ...	W. G. Granger, Clerk to the Justices, Poole.	18 female feeble-minded patients over school age.
Durham	Monkton Hall Home for Lads, Monkton, Jarrow-on-Tyne.	The Committee of the North-Eastern Association for the Care of the Feeble-minded. Sec. :—J. Stewart, 90, Pilgrim Street, Newcastle-upon-Tyne.	G. H. Watson, Darlington.	70 male feeble-minded cases. Age on admission, 16 to 20 years.
	St. Catherine's Home, Allergate, Durham.	Committee of Management	Do. do.	8 females. Feeble-minded and moral imbeciles, under the age of 18 years at time of admission.
	Shotley Bridge Colony, Shotley Bridge, Durham.	The Newcastle-upon-Tyne Mental Deficiency Committee.	Do. do.	186 males and 158 females, all classes.
Essex	Bigod's Hall, near Dunmow, Essex.*†	Committee of Management	H. F. Bawtree, Witham.	6 males. Imbeciles and feeble-minded up to the age of 16 years. *Certified by Board of Education and by Home Office for* 61 *boys.*
	Brunswick House, Mistley.	The L.C.C. Mental Hospitals Committee... Clerk :—H. F. Keene, O.B.E., Mental Hospitals Dept., The County Hall, Westminster Bridge, S.E.1.	Do. do.	50 males, not less than 16 years of age. Reserved for London cases only.
	The Co-operative Sanatorium (New Lodge, Leon House, The Homestead and St. Keverne), Billericay.	The Co-operative Sanatoria, Ltd.... ... Sec. : — E. L. Coppin, New Lodge, Billericay.	Do. do.	54 males, excepting those who are dangerous to themselves or others, runaways, or who require physical restraint and are unsuitable for care on the "open-door" system.

* Certified as a Special School by Board of Education.
† Certified as a Special Industrial School by Home Secretary.

CERTIFIED INSTITUTIONS—*continued.*

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Essex—*cont.* ...	Etloe House, Church Road, Leyton, E.10.	*Corresponding Manager* :—The Right Rev. Mgr. W. O'Grady, St. George's, Walthamstow, E.17.	H. F. Bawtree, Witham.	122 feeble-minded females, from 16 years of age and of the Roman Catholic religion. Poor Law cases received.
	Royal Eastern Counties Institution, Colchester,*† *with ancillary premises,* Lexden House, Colchester, East Hill House School, Colchester, Hillsleigh, 10, East Hill, Colchester. Greenwood Schools, Halstead, Crossley House, Clacton, and Bridge House, Witham.	Board of Directors	C. W. Denton, 9, East Stockwell Street, Colchester.	1,066 males and females. *Certified by Board of Education for 75 boys or girls, and by Home Office for 17 girls.* Main institution—517 males and females. Lexden House—65 adult females. East Hill House—60 males, of whom 4 may be cases over 16 years of age. Hillsleigh—40 boys of school age. Greenwood—90 females. Crossley House—61. Bridge House—233 adult males.
	Walsham How Home, 1, Forest Rise, Walthamstow.	The Church Army. Hon. Secretary :—Mrs. Cannon, 57, Bryanston Street, Marble Arch, W.1.	H. F. Bawtree, Witham.	42 female patients, feeble-minded and moral imbeciles.
	Girls' Village Homes, Barkingside. ...	Dr. Barnardo's Homes National Incorporated Association	Ditto ...	150 females, imbecile and feeble minded from 5 years of age.
Glamorgan ...	Drymma Hall, Skewen, near Neath.	Glamorgan County Council	W. E. R. Allen, County Hall, Cardiff.	79 females. All classes within the meaning of the Act.
Gloucester ...	Brentry Certified Institution, Westbury-on-Trym, Bristol. ...	Board of Management	C. A. H. Montague, 65, Stokes Croft, Bristol.	264. All classes within the meaning of the Act, being males over the age of 18 years.
	St. Mary's Home, Painswick, near Stroud.	Hon. Sec. :—Rev. H. N. Burden, 14, Howick Place, Westminster, S.W.1. The Committee of Management	E. T. Gardom, O.B.E., Shire Hall, Gloucester.	29 female feeble-minded cases. Age on admission 14 to 25 years, and of the Church of England. Cases over the age of 25 to be received only with the previous consent of the Board.

	Stoke Park, Bristol, *with ancillary premises* ' Royal Victoria Home, Horfield, Bristol, Clevedon Hall. Clevedon, Somerset, Beech House and Heath House, and Hanham Hall, Hanham, Leigh Court, Abbot's Leigh, near Bristol, The Tower Block, and The Elms, Stapleton.†	The Incorporation of National Institutions for Persons requiring Care and Control. Warden :—Rev. H. N. Burden, 14, Howick Place, Victoria Street, London, S.W.1.	C. A. H. Montague, 65, Stokes Croft, Bristol.	Patients. Males and Females. Stoke Park ... ... 750 Royal Victoria Home ... 42 Clevedon Hall ... ... 108 Males. Beech House ... ... 90 Heath House ... ... 88 Hanham Hall ... ... 240 The Tower Block ... ... 130 Females. Leigh Court ... ... 260 The Elms‡ 6... .... 40 Total not to exceed ... 1,748 Males ,, ,, ... 898 Females ,, ,, ... 1,000 Class :—All classes within the meaning of the Act. *Certified by Home Office for* 1,748 *cases.*
(Bristol C.B.)	Chasefield Laundry Home, 874, Fishponds Road, Fishponds, Bristol.	The Sub-Committee of the Bristol Preventive Mission (for the management of Chasefield). Hon. Secs. :—Miss Alice Mary Lavington and Miss Clara E. Sheppard, Stoberry Lodge, 18, Ashgrove Road, Redland, Bristol.	S. Young, Petty Sessional Court House, Bristol.	40 feeble-minded females. Poor Law cases received.
Hampshire ...	St. Mary's Home, Alton, Hants, *with ancillary premises* :	Sisters of the Community of St. Mary the Virgin, of Wantage, Berks.	F. V. Barber, The Castle, Winchester.	65 females over the age of 16 years, who may have had illegitimate children. Poor Law cases received. Not more than 45 at St. Mary's Home, Alton.

* Certified as a Special School by Board of Education.

† Certified as a Special Industrial School by Home Secretary.

‡ Blind patients.

CERTIFIED INSTITUTIONS.—*continued.*

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Hampshire—*cont.*	The Home of the Holy Rood, Worthing, *and* St. Bridget's House, Spelthorne St. Mary, Bedfont, Feltham.		S. Thornely, County Hall, Chichester. E.S.W. Hart, Guildhall, Westminster, S.W.1.	Not more than 13 at the Home of the Holy Rood. Not more than 7 at St. Bridget's House.
Herts	Hillside, Buntingford, Herts. †	Westminster Diocesan Education Fund ... Sec. :—T. W. Hunter, Archbishop's House, Westminster, London, S.W.1.	Sir Chas. E. Longmore, K.C.B., Hertford.	45 males suitable to be housed and instructed with children, for whom the school is primarily intended. *Certified by the Home Office for* 40 *boys.*
	Kingsmead Schools, Ware Road, Hertford.*	Managers appointed by the Herts County Council.	Do. do	22. All classes. 10 Adult females and 12 of an age and degree of mental defect such as would permit of their being housed and instructed with children, for whom the School is primarily intended. *Certified by Board of Education for* 70 *boys and* 56 *girls.*
	St. Elizabeth's Home for Epileptics, Much Hadham.*†	The Very Rev. Canon Sutcliffe, F. W. Sherwood, Esq., S. Moorat, Esq., Dr. C. H. Cockran, Miss M. M. Sutcliffe, and Mrs. F. P. Hobson. Sec. :—T. W. Hunter, Archbishop's House, Westminster, S.W.1.	Do. do.	*School*—3 males and 3 females. *Certified by Board of Education for* 14 *boys and* 42 *girls, and by the Home Office for* 56 *cases.* *Colony*—84 adult females. Idiots, imbeciles, and feeble-minded cases of the Roman Catholic religion.
Kent	Princess Christian's Farm Colony, Hildenboro', Kent.	National Association for the Feeble-minded, 72, Denison House, 296, Vauxhall Bridge Road, Westminster, S.W.1.	C. E. Warner, Tonbridge.	70 males, 68 females.

Lancashire ...	Adcote (Laundry and Training Home), Pilch Lane, Knotty Ash, Liverpool.	Adcote Committee ... ... Hon. Sec. :—Mrs. R. M. Weeks, The Grove, Gatacre, Liverpool	G. W. Swift, 74, Hanover Street, Liverpool.	19 high-grade feeble-minded girls ; age on admission over 14 years. Roman Catholics not received.
(Liverpool C.B.)	Allerton Priory R.C. Special (M.D.) School, Woolton, Liverpool.*†	Board of Management ... ... Hon. Sec. :—Rt. Rev. Mgr. Canon Pinnington, The Presbytery, Great Mersey Street, Liverpool.	C. T. Barton, Clerk to Justices, Liverpool.	10 males and 30 females. Feeble-minded cases under the age of 16 years, and such as can be conveniently and properly trained with the other children in the Institution ; with the previous consent of the Board, cases over the age of 16 may be received. *Certified by Board of Education and by Home Office for* 24 *boys and* 82 *girls.*
	Calderstones, Whalley, near Blackburn, *with ancillary premises* : Brockhall, Langho, near Blackburn.	Lancashire Asylums Board ... ... Clerk :—Sir George Etherton, County Offices, Preston.	L. Cotman, 8, Lune Street, Preston.	2,493. 1,085 males and 1,050 females at Calderstones and not more than 42 males and 316 females at Brockhall. All classes, including epileptics, within the meaning of the Act.
	Dovecot (Horticultural School), Knotty Ash, Liverpool.*†	Dovecot Committee ... ... Hon. Sec. :—Rev. F. A. H. Score, Westmorland Road, Huyton, near Liverpool.	C. T. Barton, Clerk to Justices, Liverpool.	30 feeble-minded females ; 26 over the age of 16 and 4 of an age and of a degree of mental defect such as would permit of their being housed and instructed with the children for whom the school is primarily intended. *Certified by Board of Education for* 38 *girls and by Home Office for* 64 *girls.*
	Gillibrand Hall, Chorley	Committee of Management	L. Cotman, 8, Lune Street, Preston.	40 female feeble-minded cases. Principally adults with a limited number of children under 16.
Do. ...	The Home, 4, Everton Terrace, Liverpool.	Do. do.	C. T. Barton, Clerk to Justices, Liverpool.	15 females. Feeble-minded and moral imbeciles over the age of 16 years.

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† Certified as a Special Industrial School by Home Secretary.

CERTIFIED INSTITUTIONS—*continued.*

COUNTY OR COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Lancashire—*cont.*	Pontville R.C. Special School, Aughton, Ormskirk.*†	Board of Management ... ... Hon. Sec. :—Rt. Rev. Mgr. Canon Pinnington, The Presbytery, Great Mersey Street, Liverpool.	G. W. Swift, 74, Hanover Street, Liverpool.	25 males: Roman Catholic feeble-minded children between the ages of 5 and 16 years. *Certified by Board of Education for* 121 *boys and by Home Office for* 98 *boys and* 15 *girls.*
	Royal Albert Institution, Lancaster.	Central Committee of Management ...	J. T. Sanderson, 67, Church Street, Lancaster.	800 males and females.
Leicester ... (Leicester C.B.)	Leicester Frith, Groby Road, Leicester, *with ancillary premises* : Cross Corners, 2, Thurcaston Rd., Leicester.	The County Borough Council of Leicester, Clerk of the M.D. Committee, Alliance Chambers, Horsefair Street, Leicester.	W. J. Freer, 10, New Street, Leicester. Do. do.	120 of either sex; imbeciles, feeble-minded, and moral imbeciles. 30 females; imbeciles, feeble-minded, and moral imbeciles.
London	39, Downs Road, Clapton, E.5, ... *with ancillary premises* '	The Committee of the Girls' Training Homes, Clapton. Hon. Sec. :—Miss E. Walters, 39, Downs Road, Clapton, London, E.5.	Jno. Dix, Sessions House, Newington, S.E.1.	25 feeble-minded females, aged 8 years and upwards, all of childish attainments and habits; must be Protestants.
	41, Downs Road, Clapton, E.5.	Do. do.	Do. do.	25 feeble-minded females, aged 16 years and upwards; must be Protestants.
	The Helping Hand Home, 16, Cathcart Hill, Highgate, N.19.	Committee of the Association for Helping Mentally Deficient Children. Hon. Sec. :—Mrs. Geoffrey Russell, 20, Gower Street, W.C.1.	Do. do.	30 feeble-minded females, preferably from the age of 16 years.

	London Lock Hospital, 283, Harrow Road, W.9.	Committee of Management	Do. do.	5 female feeble-minded and moral imbeciles.
	South Side Home, Streatham Common, S.W.16	The L.C.C. Mental Hospitals Committee... Clerk :—H. F. Keene, O.B.E., Mental Hospitals Dept., The County Hall, Westminster Bridge, S.E.1.	Do. do.	80 females. Imbeciles, feeble-minded and moral imbeciles. Higher-grade cases, chiefly above 16 years of age, but including some younger children and physically defective cases, to be accommodated on the ground floor. Reserved for London cases only.
	St. Michael's Convent, North Side, Streatham Common, S.W.16.	The Order of the Poor Servants of the Mother of God.	Do. do.	20 high grade adult females.
	St. Teresa's, 97, Belmont Hill, Lewisham, S.E.13.	Committee of Management	Do. do.	63 feeble-minded females over the age of 16 years.
Middlesex ...	Bramley House, Gordon Hill, Enfield.	Middlesex Mental Deficiency Committee... Clerk :—H. Scott Freeman, Staines.	E. S. W. Hart, Guildhall, Westminster. S.W.1.	50 female feeble-minded cases, aged 16 years and upwards.
	Crathorne, Oak Lane, East Finchley, N.2.	The Church Army ... ... Hon. Sec. :—Mrs. Cannon, 57, Bryanston Street, London, W.1.	Do. do.	32 mothers and their children who are feeble-minded or moral imbeciles. The number of mothers never to exceed 20, and no child to be retained beyond the age of 7 years. Poor Law cases received.
	Pield Heath House School, Hillingdon, Uxbridge.*†	Board of Management	Do. do.	50 females. Feeble-minded and moral imbeciles of the Roman Catholic religion. Total cases not to exceed 120, and all to be fit for association with children. *Certified by Board of Education for 62 girls, and by Home Office for 77 girls.*
	St. Bridget's House, Spelthorne St. Mary, Bedfont, Feltham.	*See under* County of Hampshire—St. Mary's Home, Alton.		
Nottingham ...	Aston Hall, Aston-on-Trent.	Nottingham City Council	W. B. Bunting, Chapel-en-le-Frith.	85 feeble-minded females over 16 years.
Somerset ...	The Friars, Fryern Lawn, Bridgwater.	Miss A. E. Best	C. E. Newman, 14, Boulevard, Weston-super-Mare.	17 females. Feeble-minded and moral imbeciles.

* Certified as a Special School by Board of Education.
† Certified as a Special Industrial School by Home Secretary.

CERTIFIED INSTITUTIONS—*continued.*

COUNTY OR COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Somerset ...	Sandhill Park, Bishop's Lydeard, Taunton.*	Somerset C.C.	C. E. Newman, 14, Boulevard, Weston-super-Mare.	72 feeble-minded females. *Certified by Board of Education for* 47 *feeble-minded girls.*
(Bath C.B.) ...	The House of Help for Women and Girls, 112, Walcot Street, Bath.	Board of Management ... ... Sec. :—Miss L. Glynn Baker, 112, Walcot Street, Bath.	E. N. Fuller, LL.B., Bath.	66 feeble-minded females.
(Do.) ...	Rock Hall House (Magdalen Hospital School), Combe Down, Bath.	Municipal Charity Trustees of the City of Bath.	Do. do.	38 children of both sexes.
	Stoke Park, Bristol, with ancillary premises.	*See under* County of Gloucester.		
	Yatton Hall, Yatton, near Bristol.	County Council of Somerset ... ... Sec. :—C. E. Newman, 14, Boulevard, Weston-super-Mare.	C. E. Newman, 14, Boulevard, Weston-super-mare.	76—low-grade children—of both sexes (of whom not more than 33 may be boys) and high-grade girls.
Stafford	The Cloughs, Keele Road, Newcastle-under-Lyme.	Stoke-on-Trent County Borough Council	H. Poole, Newcastle-under-Lyme.	50 of all classes within the meaning of the Act: males up to the age of 14 years and females of all ages.
Suffolk	Handford Home, Ranelagh Road, Ipswich.	Committee of Management	F. S. Ward, 32, Museum Street, Ipswich.	21 females. High-grade feeble-minded cases—age on admission 8 to 18 years.
	St. Joseph's Home, The Croft, Sudbury.	Board of Management	T. M. Braithwaite, Sudbury.	20 feeble-minded females from 16 to 20 years of age, and of the Roman Catholic religion. Poor Law cases received.
Surrey	The Manor Institution, Epsom, Surrey.	L.C.C. Mental Hospitals Committee ... Clerk :—H. F. Keene, O.B.E., Mental Hospitals Dept., The County Hall, Westminster Bridge, S.E.1.	T. W. Weeding, County Hall, Kingston-on-Thames.	488 males and 565 females. All classes within the meaning of the Act. Reserved for London cases only.
	Farmfield, near Horley, Surrey.	Do. do.	Do. do.	85 males (adults or adolescents) of criminal experience or intractable disposition.
	The Royal Earlswood Institution for Mental Defectives, Redhill.	Board of Management	Do. do.	About 600 patients of both sexes.

	Eagle House, London Road, Mitcham.	Surrey Voluntary Association	Do. do.	50 high grade imbecile and feeble-minded females over 16.
	The Ellen Terry National Home for Blind Defective Children, Reigate *	Executive Committee, Braille and Servers of the Blind League.	Do. do.	18 imbecile and feeble-minded blind up to age of 10 years. *Certified by Board of Education for* 18 cases.
Sussex, East ...	The Hermitage, Fairwarp, Uckfield.	The Committee : E. Sussex County Council	H. J. T. McIlveen, County Hall, Lewes.	17 females, feeble-minded and imbeciles.
	"Dungates," Horeham Road.	Brighton Guardianship Society, 82, Grand Parade, Brighton.	Do. do.	7 feeble-minded males.
Sussex, West ...	The Home of the Holy Rood, Worthing.	*See under* County of Hampshire—St. Mary's Home, Alton.		
Warwick ...	Midland Counties Institution, Knowle, near Birmingham.	General and Managing Committee ...	A. C. Burrows, 1, New Street, Warwick.	150 male patients.
(Birmingham C.B.)	The Agatha Stacey Home, Rednal, near Birmingham.	The Committee of the Agatha Stacey Home. Financial Sec. :—Miss C. P. Fleetwood, Depot, 158, Broad Street, Birmingham.	C. E. Barker, Birmingham.	40 high-grade female feeble-minded patients over 15 years of age.
Worcester ...	Besford Court Home, near Defford.*† *with ancillary premises ;* St. Joseph's, Astwood Bank, near Redditch.	Committee of Management	C. H. Bird, Shire Hall, Worcester.	37 males ; 12 cases of an age and of a degree of mental defect such as would permit of their being housed and instructed with the children for which the school is primarily intended ; and 25 additional defectives over 16 years. Total cases not to exceed 179. *Certified by Board of Education and by the Home Office for* 119 *boys.*

* Certified as a Special School by Board of Education.
† Certified as a Special Industrial School by Home Secretary.

CERTIFIED INSTITUTIONS—*continued.*

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Yorks, W.R. ...	Rawcliffe Hall, near Goole.	West Riding Mental Defective Committee Sec. :—W. H. Brown, County Hall, Wakefield.	W. H. Coles, Burton Street, Wakefield.	130 females. All classes within the meaning of the Act—10 years of age and upwards.
(Leeds C.B.) ...	Meanwood Park Colony, Meanwood, Leeds.	Leeds Mental Defective Committee ... Correspondent :—S. Wormald, Executive Officer, 38, Park Square, Leeds.	F. Richards, Town Hall, Leeds.	58 males and 117 females. Idiots, imbeciles and feeble-minded. 35 male cases to be not more than 14 years of age and 10 to be cases over 15 years of age and of the employable class.
(Do.) ...	Kepstorn, Morris Lane, Kirkstall, Leeds.	Do. do. ...	Do. do.	40 females. High grade feeble-minded patients over 16 years of age.
Yorks, W.R. ...	Mid-Yorks Certified Institution, Whixley, Yorks.	Mid-Yorkshire Joint Board for the Mentally Defective. Clerk :—T. Thornton, Town Clerk's Office, 11, Park Square, Leeds.	W. H. Coles, Burton Street, Wakefield.	200 males. All classes within the meaning of the Act.
	The Mansion, Kirkburton, near Huddersfield.	West Riding County Council	Do. do.	60 male imbecile and low-grade cases, of whom 12 may be of lowest grade.
(Sheffield C.B.)	Hollow Meadows, Malin Bridge, Sheffield.	Sheffield City Council	Do. do.	58 imbecile and feeble-minded males.
(Bradford C.B.)	Ashfield, 269, Thornton Road, Thornton, near Bradford.	The County Borough Council of Bradford Clerk :—Town Clerk, Town Hall, Bradford.	T. Gill, Bradford	48 males. All classes within the meaning of the Act.
	Westwood, Clayton Heights, Clayton, near Bradford.	Do. do. ...	W. H. Coles, Burton Street, Wakefield.	50 females. All classes within the meaning of the Act.
	Wales Court, Wales, Kiveton, Sheffield.	Sheffield City Council	Do. do.	47 females. All classes within the meaning of the Act.
Yorks, E. R. ...	Tilworth Grange, Sutton, Hull.	Kingston-on-Hull County Borough Council	J. R. Procter, County Hall, Beverley.	50 females. All classes within the meaning of the Act.

INSTITUTIONS APPROVED UNDER SECTION 37.

County or County Borough within which the Institution is situate C.B. = County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Bedford	Kimbolton Road, Bedford.	The Guardians: Bedford Union	MarkWhyley Clerk, of the Peace, Bedford.	13 adult females.
	Leighton Buzzard ...	Do. Leighton Buzzard Union	J. B. Graham, Shire Hall, Bedford.	6 female adult feeble-minded and moral imbeciles.
Berks	Abingdon, Berks ...	Do. Abingdon Union ...	F. H. Pryce, Abingdon.	6 males and 6 females.
	Bradfield, near Reading	Do. Bradfield Union... ...	H. J. C. Neobard, Shire Hall, Reading.	8 female adults. Feeble-minded cases.
Bucks	100, Bierton Hill, Aylesbury.	Do. Aylesbury Union ...	W. J. Taylor, Aylesbury.	12 male and 12 female adults.
	19, Stratford Road, Buckingham.	Do. Buckingham Union ...	T. R. Hearne, Buckingham.	14 male and 10 female adults.
	Winslow	Do. Winslow Union	H. Fisher, County Hall, Aylesbury.	9 males and 33 females. Imbeciles and feeble-minded.
Cambridge ...	81A, Mill Road, Cambridge.	Do. Cambridge Union ...	J. Lyon, 21, St. Andrew Street, Cambridge.	4 male and 10 female adults. Suitable for treatment in a common ward.
	Chesterton	Do. Chesterton Union ...	Do. do.	2 male and 10 female adults.
	The Red House, Linton	Do. Linton Union	A. Tabrum, Clerk of the Peace, Cambridge.	4 male and 4 female adult feeble-minded and moral imbeciles.
Isle of Ely ...	Cambridge Road, Ely...	Do. Ely Union	C. E. F. Copeman, CountyHall, March.	6 female adults.
	Lynn Road, Wisbech ...	Do. Wisbech Union	Do. do.	5 female adults.

INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Carnarvon ...	Bodvan, Carnarvon ...	The Guardians: Carnarvon Union ...	A. Bodvel-Roberts, Carnarvon.	15 males and 15 females under the age of 16 years.
Cheshire ... ... (Birkenhead C.B.)	Birkenhead Union Sanatorium, Tranmere, Birkenhead.	Do. Birkenhead Union ...	J. Woodend, Justices' Clerk's Office, Birkenhead.	24 adults.
	57, Hoole Lane, Chester	Do. Chester Union	R. Potts, Northgate Street, Chester.	40 females; 25/30 being under 16 years and 10/15 adults.
	Tarvin House, Boughton Heath, Chester.	Do. Tarvin Union	Do. do.	15 male and 40 female adults.
Cornwall ...	Bodmin	Do. Bodmin Union	W. L. Platts, Clerk of the Peace, Truro.	5 male and 20 female adults.
	Falmouth	Do. Falmouth Union ...	Do. do.	34 males and 13 females; (10 adult males, 13 adult females, and 24 male juvenile defectives.)
	St. Columb Major ...	Do. St. Columb Major Union	Do. do.	24 females. Not more than 20 low grade juveniles, or more than 4 high grade and stable adults.
Denbigh	Ruthin	Do. Ruthin Union	W. R. Evans, Ruthin	20 male and 15 female adults.
Derby	Chesterfield	Do. Chesterfield Union ...	W. B. Bunting, Chapel-en-le-Frith.	1 adult female.
(Derby C.B.)	Uttoxeter Road, Derby	Do. Derby Union	W. R. H. Whiston, Derby.	30 adult females.
	Shire Hill View, Glossop	Do. Glossop Union	W. B. Bunting, Chapel-en-le-Frith.	9 male and 12 female adults; imbecile and feeble-minded defectives.
Devon	19, Alexandra Road Barnstaple.	Do. Barnstaple Union ...	J. H. L. Brewer, Barnstaple.	20 male and 6 female adults.
	Crediton	Do. Crediton Union	F. A. Pearce, Exeter	20 adult females.
(Plymouth C.B.)	Ford House, Wolseley Road, Devonport.	Do. Devonport Union ...	J. Bone, Plymouth.	25 males and 50 females.
(Exeter C.B.)	Heavitree Road, Exeter	Do. Exeter Union	J. I. Pengelly, The Court House, Exeter.	12 adults of each sex.
	Honiton	Do. Honiton Union ...	F. A. Pearce, Exeter	6 female adults.

(Do.) —	St. Thomas, Exeter ...	Do.	St. Thomas' Union ...	J. I. Pengelly, The CourtHouse, Exeter.	6 male and 12 female adults.
	1, North Road, South Molton.	Do.	South Molton Union ...	R. L. Riccard, South Molton.	15 male and 24 female adults.
Dorset	St. Andrew's Road, Bridport.	Do.	Bridport Union ...	J. L. Torr, Dorchester.	10 female adults.
Durham ... (Darlington C.B.)	Feetham Infirmary, Yarm Road, Darlington.	Do.	Darlington Union ...	G. H. Watson, Darlington.	4 of each sex. Idiots, imbeciles, and feeble-minded.
(Gateshead C.B.)	Gateshead	Do.	Gateshead Union ...	Do. do.	20 adults of each sex.
(Sunderland C.B.)	"Highfield," Hylton Road, Sunderland.	Do.	Sunderland Union ...	E. S. Dingle, Sunderland.	6 adults of each sex.
Essex	Saffron Walden ...	Do.	Saffron Walden Union ...	C. S. D. Wade, Clerk of the Peace, Saffron Walden.	18 female adults.
	Stanway, Colchester ...	Do.	Lexden and Winstree Union.	H. F. Bawtree, Witham.	36 female adults.
(West Ham C.B.)	The Forest Gate Sick Home,* Forest Lane, West Ham.	Do.	West Ham Union ...	J. H. Jackson, Police Court, West Ham, E.15.	10 male and 30 female adults and 10 males and 15 females under the age of 16 years. *Certified by Board of Education for* 15 *cases.*
Flint	St. Asaph	Do.	St. Asaph Union ...	H. A. Tilby, County Offices, Mold.	12 adults of each sex.
Glamorgan ... (Cardiff C.B.)	Cowbridge Road, Ely, near Cardiff.	Do.	Cardiff Union	E. J. Hayward, Law Courts, Cardiff.	38 male and 30 female adults.
	Penmaen, Swansea ...	Do.	Gower Union	J. W. Thorpe, Magistrates' Clerk, Swansea.	12 adult females, all classes.
Gloucester ... (Bristol C.B.)	Stapleton, Bristol ...	Do.	Bristol Union	S. Young, Petty Sessional Court House, Bristol.	50 males and 70 females; of whom not more than 10 male and 10 female shall be low-grade juvenile defectives.
(Do.) ...	South Mead Infirmary, Bristol.	Do.	do.	Do. do.	50 of each sex. 4 females over 16 years to assist in the work of the Institution.

* Certified as a Special School by Board of Education.

INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Gloucester—*cont.*	Cirencester	The Guardians: Cirencester Union ...	R. W. Ellett, Cirencester.	26 males and 38 females.
	Stow-on-the-Wold ...	Do. Stow-on-the-Wold Union	E.T.Gardom, O.B.E., Shire Hall, Gloucester.	5 male and 10 female adults.
	Thornbury	Do. Thornbury Union ...	Do. do.	3 adults of each sex. Feeble-minded and moral imbeciles.
	Gloucester Road, Winchcomb.	Do. Winchcomb Union ...	J.H.Stevens, Northleach.	14 feeble-minded adults of each sex.
Hereford ...	Ross	Do. Ross Union	E. W. Maples, Hereford.	15 adults of each sex.
Herts	Bishop Stortford ...	Do. Bishop Stortford Union	Sir Chas. E. Longmore, K.C.B., Hertford.	40 female adults.
	60, Vicarage Road, Watford.	Do. Watford Union	Do. do.	15 female adults.
Isle of Wight ...	Parkhurst, Newport, Isle of Wight.	Do. Isle of Wight Union ...	H. Barber, The Castle, Winchester.	20 males and 20 females. Idiot, imbecile, or feeble-minded defectives between the ages of 16 and 60 years.
Kent ... ... (Canterbury C.B.)	Canterbury	Do. Parish of Canterbury ...	T. A. Bowen, Clerk to Justices, Canterbury.	2 male and 8 female adults.
	Dover	Do. Dover Union	T. B. Harby, Clerk to Justices, Dover.	6 female adults.
	Hartley, Cranbrook ...	Do. Cranbrook Union ...	Charles E. Warner, Tonbridge. ...	10 male and 20 female adults.
	King's Hill, West Malling	Do. Malling Union	Do. do.	12 female adults. Imbeciles, moral imbeciles, and feeble-minded.
	Eastry, Kent	Do. Eastry Union	Do. do.	20 male and 24 female adults.

	Sundridge, Sevenoaks...	Do.	Sevenoaks Union ...	Do. do.	10 male and 20 female adults.
	Tenterden	Do.	Tenterden Union ...	A. H. Latter, Tenterden.	55 females, 35 under 21 years of age.
	Pembury, Tunbridge Wells.	Do.	Tonbridge Union ...	Chas. E. Warner, Tonbridge.	40 males. Of trainable habits between the ages of 7 and 16 years.
Lancashire ...	The Gill, Ulverston ...	Do.	Ulverston Union ...	J. T. Sanderson, 67, Church Street, Lancaster.	50 adult females.
	Seafield House, Seaforth, near Liverpool.	Do.	West Derby Union ...	G. W. Swift, 74, Hanover Street, Liverpool.	80 males and 189 females.
	Eaves Lane, Chorley ...	Do.	Chorley Union	L. Cotman, 8, Lune Street, Preston.	15 male and 35 female adults.
Leicester ...	Billesdon, nr. Leicester	Do.	Billesdon Union... ...	W. J. Freer, 10, New Street, Leicester.	12 male and 14 female adults.
	NorthEvington, Leicester	Do.	Leicester Parish... ...	Do. do.	10 male and 10 female adults.
	Loughborough ...	Do.	Loughborough Union ...	Do. do.	24 female adults; feeble-minded and high grade.
Lincoln (Lindsey)	The Home, Caistor ...	Do.	Caistor Union	E. W. Scorer, Lincoln.	10 female adults.
Do. ...	181, Lea Road, Gainsborough.	Do.	Gainsborough Union ...	Do. ...	12 male and 12 female adults.
(Kesteven) ...	Dysart Road, Grantham	Do.	Grantham Union ...	R. F. M. White, Grantham.	2 male and 15 female adults.
(Lindsey) ...	Horncastle	Do.	Horncastle Union ...	E. W. Scorer, Lincoln.	12 male and 6 female adults.
(Lincoln C.B.)	Lincoln	Do.	Lincoln Union ...	W. M. Phillips, Clerk to the Justices, Lincoln.	10 adults of each sex. Idiots, imbeciles and feeble-minded.
(Kesteven) ...	East Road, Sleaford ...	Do.	Sleaford Union ...	A. D. Piper, Sleaford.	1 male and 9 female adults.
(Lindsey) ...	The Gables, Hundleby, Lincs.	Do.	Spilsby Union	E. W. Scorer, Lincoln.	18 adults of each sex.
(Kesteven) ...	Bourne	Do.	Bourne Union	A. D. Piper, Sleaford.	4 adults of each sex.

INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
London	The Metropolitan Asylums Board Certified Institution.	The Metropolitan Asylums Board, Embankment, London, E.C.4.	*Darenth ;* Chas. E. Warner, Tonbridge.	Juvenile trainable cases.
			Leavesden ; Sir Chas. E. Longmore, K.C.B., Hertford.	Unimprovable children and adults.
			Caterham ; T. W. Weeding, County Hall, Kingston - on - Thames.	Unimprovable adults.
			Fountain ; Jno. Dix, Sessions House, Newington, S.E.1.	Idiot children.
	Plumstead, S.E.18. ...	The Guardians : Woolwich Union ...	Do. do.	25 male and 45 female adults.
Merioneth ...	Minffordd, Penrhyndeudraeth, Merioneth.	Do. Festiniog Union ...	H. J. Owen, Clerk of the Peace, Dolgelly.	23 male and 27 female adults.
Middlesex ...	Enfield House, 19, Chase Side Crescent, Enfield, *with ancillary premises.* Fortescue Villas, Gentleman's Row, Enfield.	Do. Edmonton Union ...	E. S. W. Hart, Guildhall, Westminster, S.W.1.	Enfield House—40 males, feeble-minded boys and adult males. Fortescue Villas—32 females under the age of 16 years—idiots, imbeciles, and a limited number of feeble-minded cases.
	Hillingdon, Uxbridge ...	Do. Uxbridge Union ...	Do. do.	12 male and 21 female adults.

Monmouth ...	Cordygric Institution, Griffithstown. ...	Do.	Pontypool Union ...	T. L. Hughes, Clerk of the Peace, Newport (Mon.).	5 male and 55 female adults.
Montgomery ...	Forden	Do.	Forden Union	J. E. Tomley, Montgomery.	12 male and 30 female adults.
Norfolk	Pulham Market, near Harleston.	Do.	Depwade Union... ...	W. E. Hansell, The Close, Norwich.	12 female adults.
	Exton's Road, King's Lynn.	Do.	King's Lynn Union ...	J. W. Woolstencroft, Town Hall, King's Lynn.	6 male and 6 female adults.
	Heckingham	Do.	Loddon and Clavering Union.	W. E. Hansell, The Close, Norwich.	6 male and 18 female adults.
(Norwich C.B.)	Bowthorpe Lodge, Norwich.	Do.	Norwich Union	W. R. Cooper, Town Close, Norwich.	6 adult males and 20 females.
	GreatSnoring, Fakenham	Do.	Walsingham Union ...	W. E. Hansell, The Close, Norwich.	8 male and 16 female adults.
	The New Infirmary, Attleborough, Norfolk,	Do.	Wayland Union ...	Do. do.	12 adults.
(Great Yarmouth C.B.)	Great Yarmouth ...	Do.	Great Yarmouth ...	G. B. D. Preston, Gt. Yarmouth.	6 adults of each sex—feeble-minded and moral imbeciles.
Northampton ...	Kettering	Do.	Kettering Union ...	H. J. Cove, Northampton.	16 male and 16 female adults.
	Northampton	Do.	Northampton Union ...	G. R. Bishop, Northampton.	9 adults.
	Thorpe Road, Peterborough.	Do.	Peterborough Union ...	W. J. Deacon, Clerk of the Peace, Peterborough.	12 male and 21 female adults.
	Union Lane, Wellingborough.	Do.	Wellingborough Union ...	H. J. Cove, Northampton.	10 male and 10 female adults.
Northumberland	Prudhoe Hall Colony and Burn House, Prudhoe - on - Tyne, Northumberland.*	The Northern Counties Joint Poor Law Committee, Poor Law Offices, South Shields.		H. D. Irwin, 3, Royal Arcade, Newcastle - on - Tyne.	Prudhoe Hall Buildings: 162 males and 252 females; Burn House: 16 females. *Certified by Board of Education for 40 boys and girls.*

* Certified as a Special School by Board of Education.

INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Northumberland—*cont.*	*With ancillary premises :—*			
	Howbeck Schools, Throston, W. Hartlepool.	... ...	G. H. Watson, Darlington.	100 males and 120 females.
	and			
	The Poor Law Institution, Bishop Auckland.	... ...	Do. do.	82 adult females.
	Rothbury Poor Law Institution.	The Guardians : Rothbury Union ...	H. D. Irwin, 3, Royal Arcade, Newcastle - on - Tyne.	28 adult females.
Notts	1, Leverton Road, East Retford.	Do. East Retford Union ...	K. T. Meaby, Shire Hall, Nottingham.	4 male and 8 female adults.
	Mansfield	Do. Mansfield Union ...	Do. do.	6 male and 12 female adults. Feeble-minded cases.
	Upton, Southwell ...	Do. Southwell Union	Do. do.	3 male and 12 female adults.
Oxford	26, London Road, Chipping Norton.	Do. Chipping Norton Union	J. Rose, County Hall, Oxford.	10 male and 20 female adults, imbeciles and feeble-minded.
Rutland ...	Oakham	Do. Oakham Union	B. A. Adam, Clerk of the Peace, Oakham.	6 adult females.
Shropshire ...	Church Stretton ...	Do. Church Stretton Union	W. Baxter, County Buildings, Shrewsbury.	20 female adults.
	The Beeches, Iron Bridge, Salop.	Do. Madeley Union ...	C. J. Sargeant, Much Wenlock.	10 male and 15 female adults.

Somerset ...	Frome Road House Institution, Odd Down, Bath.	Do.	Bath Union	E. N. Fuller, LL.B., Guildhall, Bath.	6 male adults.
Do.	Flax Bourton, near Bristol.	Do.	Long Ashton Union ...	C. E. Newman, 14, Boulevard, Weston-super-Mare.	32 male and 34 female adults.
	Shepton Mallet ...	Do.	Shepton Mallet Union ...	Do. do.	6 male and 50 female adults.
Southampton ...	Basingstoke	Do.	Basingstoke Union ...	F. V. Barber, The Castle, Winchester.	24 females. Feeble-minded over 16.
	Fareham	Do.	Fareham Union ...	Do. do.	20 male and 10 female adults.
	Fordingbridge	Do.	Fordingbridge Union ...	Do. do.	12 male and 13 female adults.
(Portsmouth C.B.)	St. Mary's Road, Portsmouth.	Do.	Portsmouth Union ...	C. F. Andrews, Guildhall, Portsmouth.	25 adults of each sex.
Stafford ... ... (Burton-on-Trent C.B.)	145, Belvedere Road, Burton-on-Trent.	Do.	Burton-on-Trent Union	H. W. Goodger, Stapenhill, Burton-on-Trent.	10 male and 15 female adults.
	Trent Valley Road, Lichfield.	Do.	Lichfield Union ...	A. H. Barnes, Lichfield.	4 male and 8 female adults.
	Great Barr Park, Great Barr, near Birmingham.	The Walsall and West Bromwich Unions Joint Committee.		Eustace Joy, M.A., County Buildings Stafford.	71 male and 41 female adults; 46 male and 70 female juveniles.
	Marston Road, Stafford	The Guardians: Stafford Union		Do. do.	6 adult females. Feeble-minded cases.
(Stoke-on-Trent C.B.)	London Road, Stoke-on-Trent.	Do.	Stoke-on-Trent Union	R. A. Llewellyn, Church Street, Stoke-on-Trent.	10 male and 10 female adults.
	Wigginton Road, Wigginton, Tamworth.	Do.	Tamworth Union ...	Eustace Joy, M.A., County Buildings, Stafford.	4 male and 12 female adults.
(Wolverhampton C.B.)	Heath Town, Wolverhampton.	Do.	Wolverhampton Union	Do. do.	17 male and 14 female adults.

INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Suffolk ... ... (Ipswich C.B.)	Woodbridge Road, Ipswich.	The Guardians: Ipswich Union	S. Ward, 32, Museum Street, Ipswich.	15 male and 15 female adults.
Surrey	Ottershaw, Chertsey ...	Do. Chertsey Union ...	T. W. Weeding, County Hall, Kingston-on-Thames.	38 feeble-minded females aged 16 years and upwards.
	2, Horsham Road, Dorking.	Do. Dorking Union ...	Do. do.	3 male and 12 female adults.
	Bletchingley	Do. Godstone Union ...	Do. do.	54 male and 6 female adults. Imbeciles and feeble-minded.
	St. John's, Redhill ...	Do. Reigate Union	Do. do.	6 male and 9 female adults. (In-County cases only.)
Sussex (East) ...	West Hylands, Cuckfield	Do. Cuckfield Union... ...	H. J. T. McIlveen, County Hall, Lewes.	10 male and 20 female adults.
	123, Church Street, Eastbourne.	Do. Eastbourne Union ...	Do. do.	5 females over 16 years of age.
(Hastings C.B.)	FrederickRoad,Hastings	Do. Hastings Union ...	F. G. Langham, 44a, Robertson Street, Hastings.	12 adults of each sex.
Sussex (West) ...	Roffey, near Horsham	Do. Horsham Union... ...	S. Thornely, County Hall, Chichester.	5 male and 10 female adults.
	Easebourne, near Midhurst.	Do. Midhurst Union ...	Do. do.	5 male and 15 female adults.
	Kingston-by-Sea ...	Do. Steyning Union ...	Do. do.	5 male and 5 female adults.
	East Preston, near Littlehampton.	Do. East Preston Union ...	Do. do.	4 male and 12 female adults.

Warwick ...	Warwick	Do.	Warwick Union ...	A. C. Burrows, 1, New Street, Warwick.	4 male and 24 female adults.
Westmorland ...	Milnthorpe, Westmorland.	Do.	Kendal Union	H. B. Greenwood, Clerk of the Peace, Kendal.	23 adult males, 27 adult females, and 18 boys and 24 girls.
Wilts	St. James, Devizes ...	Do.	Devizes Union	G. W. Jackson, Devizes.	16 females. Imbeciles between the ages of 20 and 50 years.
	1, Wilcot Road, Pewsey	Do.	Pewsey Union	W. L. Bown, Trowbridge.	12 adults of each sex; feeble-minded and moral imbeciles.
	Semington, Trowbridge	Do.	Trowbridge and Melksham Union.	Do. do.	6 male and 30 female adults.
Worcester ... (Birmingham C.B.)	The Birmingham Certified Institution, King's Heath, Birmingham.* [Monyhull Colony and Erdington House.]	Do.	Birmingham Union ...	C. E. Barker, Birmingham.	Trainable cases between 5 years and 40 years of age. Monyhull Colony—250 males and 250 females. *Certified by Board of Education for 200 children.* Erdington House—50 adults of each sex, and 31 male and 30 female juveniles.
	Dudley	Do.	Dudley Union	E. Joy, M.A., County Buildings, Stafford.	50 male and 65 female adults.
	Evesham	Do.	Evesham Union... ...	C. H. Bird, Worcester.	4 males and 4 females.
	Wordsley, Stourbridge	Do.	Stourbridge Union ...	E. Joy, M.A., County Buildings, Stafford.	186 male, 130 female adults, and 68 children.
(Worcester C.B.)	Tatlow Hill, Worcester	Do.	Worcester Union ...	J. L. Wood, Guildhall, Worcester.	30 male and 20 female adults.
Yorkshire: East Riding.	Beverley	Do.	Beverley Union ...	J. R. Procter, County Hall, Beverley.	6 adults of each sex.
	Driffield	Do.	Driffield Union	Do. do.	24 male and 18 female adults.

* Certified as a Special School by Board of Education.

INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B = County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Yorkshire : East Riding—*cont.* (Kingston-upon-Hull C.B.)	Anlaby Road, Kingston-upon-Hull.	The Guardians : Kingston-upon-Hull Incorporation.	G. L. Shackles, The Law Courts, Hull.	12 male and 24 female adults.
(York C.B.) ...	75, Huntington Road, York.	Do. York Union	H. Venn Scott, Clifford Street, York.	10 male and 20 female adults. Idiot, imbecile and feeble-minded.
Yorkshire : North Riding.	Aysgarth	Do. Aysgarth Union... ...	A. Procter, 5, New Street, York.	16 female adults.
	Linthorpe, Middlesbrough	Do. Middlesbrough Union ...	T. Belk, Municipal Buildings, Middlesbrough.	6 females. Feeble-minded and moral imbeciles between the ages of 16 and 45 years.
	Northallerton	Do. Northallerton Union ...	A. Procter, 5, New Street, York.	6 males and 6 females.
	Scarborough	Do. Scarborough Union ...	C. W. Goodall, Scarborough.	30 male and 25 female adults.
Yorkshire : West Riding (Barnsley C.B.)	Gawber Road, Barnsley	Do. Barnsley Union ...	W. H. Coles, Burton Street, Wakefield.	10 adults of each sex.
(Bradford C.B.)	The Bowling Park Institution, Bradford. *with ancillary premises :*	Do. Bradford Union ...	T. Gill, Bradford	15 female adults.
	Odsal Sanatorium, Rooley Lane, Bradford.	... ...	Do. do.	10 female adults.
Do.	The Daisy Hill Institution, Bradford.	Do. do.	Do. do.	20 male adults.
(Sheffield C.B.)	The Edge, Sheffield ...	Do. Ecclesall Bierlow Union	F. B. Dingle, Sheffield.	10 male and 15 female adults.

(Halifax C.B.)	Gibbet Street, Halifax	Do.	Halifax Union	W. H. Coles, Wakefield.	12 male and 12 female adult feeble-minded and moral imbeciles.
	Deanhouse Institution, Thongsbridge, near Huddersfield.	Do.	Huddersfield Union ...	Do. do.	10 male and 25 female adults.
	Giggleswick	Do.	Settle Union	Do. do.	37 males and 5 females. 27 males under sixteen years of age to be accommodated in the Isolation Hospital, and 10 male and 5 female adults in the Main Building.
(Sheffield C.B.)	Firvale, Sheffield ...	Do.	Sheffield Union	F. B. Dingle, Sheffield.	25 adult females.
	Tadcaster	Do.	Tadcaster Union ...	W. H. Coles, Wakefield.	30 adult females—feeble-minded and moral imbeciles.

CERTIFIED HOUSES.

County.	Name and Address of House.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Dorset	The Rectory, Hinton Martel, Wimborne.	Rev. A. H. Baverstock	J. L. Torr, County Offices, Dorchester.	10 males (imbeciles and feeble-minded): harmless cases over the age of 14 years, younger cases to be received only with the consent of the Board.
Herts	Arniston Nursery School, Boxmoor House, Boxmoor, Hertford.	Miss J. M. Isbister and Miss M. D. Isbister	Sir Charles E. Longmore, K.C.B., Hertford.	10 low-grade cases of each sex.
	Rowley Lodge, Rowley Green, Barnet.	Miss Elsie M. Wall and Miss Rose L. Binney.	Do. do.	14 of either sex. All classes within the meaning of the Act, being children under 16 years of age, except with the consent of the Board of Control, and provided each child is in all respects suitable to be in a house where the sexes are associated.
Lancashire ...	Cavendish House, Woodvale, Ainsdale, near Southport.	Miss L. J. Allen	G. W. Swift, 74, Hanover Street, Liverpool.	42 female imbecile and feeble-minded patients from 3 years of age.
Middlesex ...	St. Margaret's, 9, Priory Road, Bedford Park, London, W.4.	Miss Rose H. D. Whiting	E. S. W. Hart, Guildhall, Westminster, S.W.1.	10 females. Imbeciles and feeble-minded.
	The Gables, Upper Teddington Road, Hampton Wick, Kingston-on-Thames.	Miss E. Duncan	Do. do.	20 of either sex: idiots, imbeciles and feeble-minded.
	Normansfield, Kingston Road, Teddington.	R. L. Langdon-Down, M.B., and P. L. Langdon-Down, M.B.	Do. do.	140 males and females, not more than 100 of either sex at any one time.
	Meadowside, 100, Cambridge Road, Teddington.	Miss F. M. Deck	Do. do.	9 of both sexes. Suitable to reside where sexes are associated.

Sussex, East ...	St. Joseph's Home, Burgess Hill.	Proprietors of St. George's Retreat ...	H. J. T. McIlveen, County Hall, Lewes.	30 females of 12 years of age and upwards.
(Brighton C.B.)	Villa Maria, Kemp Town, Brighton.	Do. do.	A. G. Walker, Clerk to Justices, Brighton.	12 females. All classes within the meaning of the Act from 12 years of age and upwards.
Yorkshire: West Riding.	The Grange, Altofts, Normanton.	Mrs. E. A. Howard	W. H. Coles, Wakefield.	15 imbecile and feeble-minded private patients of the female sex.

County.	Name and Address of Home.	Names of Managers or Owners.	Number and Class of Defeetives.
Bucks	Lynwood, Woburn Sands, Bucks.	Mrs. A. M. Loveless	6 males.
Cornwall	The Elizabeth Barelay Home of Industry, Bodmin.	The Committee of the Elizabeth Barelay Home of Industry, Bodmin.	26 females.
Devon	St. Anthony's, Ottery St. Mary.	Miss L. Cottrell and Miss E. Costiff	5 juvenile females.
Dorset	"Shirley," West Moors, Wimborne.	Miss A. S. Gover and Miss K. M. Winterflood ...	6 feeble-minded females, aged 16 years and upwards.
Essex...	Gay Bowers, West Hanningfield, Chelmsford.	Perey and Mrs. Gertrude Chennells	7 males.
Gloucester (Bristol C.B.).	The Royal Fort Home, St. Michael's Hill, Bristol.	The Committee of the Bristol Preventive Mission	20 females. Poor Law eases reeeived.
	Southend House Sehool, Hatherley Brake, Cheltenham.	Miss Agnes King-Turner	25 cases of either sex—each child in all respeets suitable to be in a house where the sexes are associated.
Kent	Upper Hollanden Farm, Prineess Christian's Farm Colony, Hildenboro', Kent.	National Assoeiation for the Feeble-minded, 72, Denison House, 296, Vauxhall Bridge Road, Westminster, S.W.1.	8 males.
Merioneth	Bryn Sehool, Hengwrt Uchaf, Dolgelly.	Mrs. G. I. Parry and Mr. T. G. Parry	50 males.
Middlesex	Alexander House, 117, High Street, Uxbridge.	National Association for the Feeble-minded, 72, Denison House, 296, Vauxhall Bridge Road, Westminster, S.W.1.	24 females.
	Brook House and White House Farm, Southgate, N.14. *also* The Cottage, White House Farm.	H. Corner, M.D., and Mrs. Corner	37, of whom not more than 22 males and not more than 15 females shall be in Brook House, and not more than 10 males shall be in White House Farm. Only private patients received.
	Conifers, Kingston Road, Teddington.	R. L. Langdon-Down, M.B., and P. L. Langdon-Down, M.B., Normansfield, Hampton Wick.	3 male (children) and 22 female private patients.
	Trematon, Broom Road, Teddington.	Do. do. do.	24 males. Private.
	St. Christopher's School, Amherst Road, Ealing, W.	Miss Mary Catherine Beaufoy Foster	28 feeble-minded private patients.

Norfolk	Gimingham Hall Farm, Gimingham, Norwich.	Miss S. A. Huntly	20 females.
Northumberland ...	The Home of Industry, Bow Villa, Morpeth.	Committee of six Ladies	16 females. Poor Law cases received.
Somerset	Lyncombe Hall, Bath ...	Miss W. Stanley	10, of whom not more than 4 may be juvenile males suitable in all respects to be in a house where the sexes are associated.
	Norton House, Midsomer Norton.	Miss M. F. D'Alton	30 females.
Surrey	Tilden Cottage, Hindhead	Miss A. Willsher	5 males between the ages of 10 and 18 years.
Sussex (East) ... (Hastings C.B.)	St. Paul's House, Upper Maze Hill, St. Leonards-on-Sea.	Mrs. Jennie Meiklejon	5 males and 29 females.
	Dunclutha, St. Helen's Park, Hastings.	Miss Mole and Miss Bruce	30 males.
	Avonhurst, Inholmes Park Road, Burgess Hill.	Miss S. M. Macdowall	20.
Sussex (West) ...	The Priory, Tortington, near Arundel.	Miss D. S. Ault	17 males.
Warwick	The Vineyard, Longbridge Lane, Birmingham.	Miss M. F. Bridie	47 children between 5 and 16 years of age. Each case to be suitable to reside in a house where the sexes are associated.
Yorkshire : North Riding.	The Mount, Whitby ...	Mrs. A. E. Priestly	12 children of either sex (private).

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